

COVERAGE EVALUATION -Please complete & return parts 1-4, prior to rental

Part 1: Before you rent a vehicle, we want to be sure that you are familiar with all the terms and conditions contained in the rental contracts and jacket. In this program you must maintain coverage for the vehicle & liability; you can bring your own insurance coverage, purchase our Long Term Rental Coverage, or a choose a combination of these options. For your protection, this document helps you and your insurance coverage provider evaluate your current insurance coverage and liabilities. Please forward this document to your insurance provider so they can review and confirm your coverage PRIOR to pick-up. After you complete Part 1, you can review the additional Long Term Rental Contract Coverages available in Part 2 of this document. **Any Questions, please contact our Advocacy & Claims Manager, Katherine English: 717-226-1842 or kat@advocacyclaims.com. We are here to help!**

Please review and document your responses to the questions below with your insurance coverage provider, as your answers 1-6 may affect your coverage.

1. Discuss the Year, Make and Model of Vehicle you are renting:
Vehicle customer chose: _____
2. Discuss how long you are intending to utilize the program; some policies have time limits. In this program, you will have the same rental vehicle on a 30-day reoccurring contract for 6-9 months or more. We require your rental vehicle be added to your insurance carrier's policy and our company is listed as an Additional Insured/Loss Payee.
Intended time in program: _____ number of months or _____ indefinitely.
3. Discuss renters intended use and select which usage applies to your rental: ____ Business ____ Personal
4. If Business usage:
A) Who is paying for the rental? _____ (Employer or Renter?)
B) Are you an Independent Contractor (I.C.)? **Y/N** If so, coverage must be in name of I.C. as renter.
C) Who is responsible for any vehicle damages? _____ (Employer or Renter?)
Employer Contact (Name/Title): _____
(Email/Phone): _____
5. What is the deductible? _____ Comprehensive Ded. _____ Collision Ded.
6. This program requires a minimum liability coverage of 100/300/50.
What is your liability coverage? _____

After reviewing the responses for items 1-6 above, your insurance coverage provider can confirm if the policy covers the rental vehicle per the contract terms below? Circle Y for Yes, or N for No.

7. Physical Damage: You are responsible for any loss or damage to the vehicle regardless of fault. This includes any unpaid portion of the deductible.
Is the rental covered for Physical Damage under your current policy? Y/N
8. Towing & Storage Fees: In the event the vehicle would require towing you would be responsible for any towing or storage fees that may be charged.
Is the rental covered for Towing/Storage under your current policy? Y/N
9. Loss of Use: You are responsible for any loss of use we experience as a result of the car being unavailable for business or personal use while being repaired or processed. You will be charged at the rental contract rate without regard to fleet utilization.
Is the rental covered for Loss of Use under your current policy? Y/N
10. Diminished Value: You are responsible for any manufacturer determined value penalty at the time of return OR the difference between the retail fair market value and the sale amount after the loss as a result of the nature of the damage (whether we repair the vehicle or not).
Is the rental covered for Diminished Value under your current policy? Y/N
11. Administrative/Appraisal Fee: You are responsible for any and all admin & appraisal fees required to handle & settle your claim or recover our vehicle.
Is the rental covered for Administrative & Appraisal Fees under your current policy? Y/N
12. Liability Coverage: Do you have liability insurance?
Is the rental covered for Liability under your current policy? Y/N

Insurance Coverage Provider that verified Damage Coverage: _____

Policy# _____ **Date** _____

Representative First & Last Name: _____

Phone # _____ **Email:** _____

Insurance Coverage Provider that verified Damage Coverage: _____

Policy# _____ **Date** _____

Representative First & Last Name: _____

Phone # _____ **Email:** _____

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Part 2: Additional Long Term Rental Contract Coverage Options: Is there anything your insurance carrier does not cover? If so, would you like additional coverage? Once you have reviewed your insurance coverage in Part 1, we are happy to review and offer to purchase our Long Term Rental coverage options. Please choose from the options listed below by initialing next to the selection and you want in Part 2.

_____ \$49/month – “Extras Coverage” covers loss of use, diminished value, admin & appraisal costs, windshield, and tire repair (includes damage to rubber only, no coverage on the wheels or rest of vehicle). *Customer is Required to carry their own collision & liability insurance with Aero Corporation named as additional insured & loss payee.*

_____ \$14.99/day-“Supplemental Liability Coverage”-\$1,000,000 max. Combined single limit of liability (see Rental Jacket for details and preclusions) for damage done to others/other vehicles. *This coverage carries the same contract detail and preclusion as the Supplemental Liability Coverage (SLI).*

_____ \$119/month – “Complete Loss Damage Coverage”, covers any and all damage to **our vehicle** with payment of a \$1000 deductible – maximum customer responsibility. *Note-This coverage does not include any liability coverage. *Customer is Required to carry their own liability insurance with Aero Corporation named as additional insured & loss payee. This coverage carries the same contract detail and preclusions as the Budget Loss Damage Waiver (LDW).*

_____ \$199/month – “Complete Loss Damage Coverage & Liability Coverage”, covers any and all damage to **our vehicle** with payment of a \$1,000 deductible – maximum customer responsibility. Also provides 100/300/25 Primary Liability limits through Aero Corporation/Budget’s insurance carrier. *Customer is liable for any liability in excess to the coverage. This coverage carries the same contract detail and preclusions as the Budget Loss Damage Waiver (LDW) and the Supplemental Liability Coverage (SLI).*

_____ \$0/month – No additional Coverages, you are 100% responsible for any charges your insurance company does not cover. **If you deny all of our optional Long Term Rental Coverages, we must have Part 1, above, completed and documented with your carrier and your insurance certificate with our company and the vehicle listed to ensure you are protected!**

Part 3: Acknowledgments: Please read and initial the acknowledgements below:

_____ Customer acknowledges and agrees, any damages must be reported within 48 hours (completed Accident reports, photos, insurance policy/claim information for all parties), or coverage and participation in the program may be voided. 1.5% interest on any outstanding damage/deductible balance will accrue each month.

_____ Customer acknowledges and agrees, they are NEVER authorized to repair the vehicle without the express permission of Budget. Should the renter repair without authorization, a \$500 penalty will be charged and they will pay the estimated cost to restore the car to the condition it was in prior to your rental at the sole option of Aero Corporation d/b/a Budget Rent a Car of Harrisburg.

_____ Customer acknowledges and agrees, they have received this Coverage Evaluation form and the rental jacket. Any rental coverage purchased is VOID if any of the contract terms on this form or in the rental jacket provided are violated. Please see the Rental Jacket and Contract for all the terms and exclusions. In addition to violations listed in the Rental Jacket, rental coverage can also be voided for the following: any past due invoices/balances, unreported damages, if renter is discovered to be a NY resident, if repaired without Budget’s express permission, or failure to follow prescribed maintenance.

Renter is in violation of the contract, should they:

- A) **Use or permit the car to be used:** 1) by anyone other than an authorized driver that is 25 years or older, as defined in paragraph 5; 2) to carry passengers or property for hire; 3) to tow or push anything; 4) to be operated in a test, race or contest or on unpaved roads; 5) while the driver is under the influence of alcohol or a controlled substance; 6) for conduct that could properly be charged as a felony or misdemeanor, including the transportation of a controlled substance or contraband; 7) recklessly or while overloaded; 8) if the car is driven into Mexico without our expressed permission.
- B) **You or an additional driver, authorized or not:** 1) fail to promptly report any damage to or loss of the car when it occurs or when you learn of it and provide us with a written accident/incident report or fail to cooperate fully with our investigation; 2) Where required by law, failed to report an accident to law enforcement; 3) obtained the car through fraud of misrepresentation; 4) leave the car and fail to remove the keys or close and lock all doors, close all windows and the trunk and the car is stolen or vandalized; 5) intentionally or with willful disregard cause or allow damage to the car, or 6) return the car after hours and the car is damaged, stolen or vandalized.
- C) Driving or operating this car while using a hand-held wireless communication device or other device that is capable of receiving or transmitting telephonic communications, electronic data, mail or text messages while not in a hands-free mode shall be deemed a breach of this contract.

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Part 4:

Thank you for taking the time to protect yourself!

Please return this document to your rental agent with parts 1-4 completed. This document will be added to your customer file and only needs to be updated should you change your coverage provider or Long Term Rental Contract Coverage options.

Customer Name: _____

Customer Address: _____

Email: _____

Phone 1#: _____ (Work/Home/Cell)

Phone 2#: _____ (Work/Home/Cell/Emergency/Alternate Contact)

Emergency/Alternate Contact Name: _____

Emergency/Alternate Contact Name/Relationship: _____

Emergency/Alternate Contact Phone #: _____

With the Customer signature below, the customer acknowledges and agrees, to the terms established in Parts 1-4 of this document and the related rental documents:

Customer Signature: _____ Date: _____

Thank you for choosing Budget of Harrisburg!