

RENTAL CUSTOMER PROFILE

MUST BE ATTACHED TO THE RENTAL AGREEMENT

CUSTOMER'S NAME _____ DATE COMPLETED: _____
 COMMODITY _____
 HAULED: _____

MVR's (Motor Vehicle Records) <input type="checkbox"/> Attached; or <input type="checkbox"/> To be ordered from information below; or <input type="checkbox"/> Waived*	Coverage Requested: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent, customer providing insurance <input type="checkbox"/> Contingent, customer is self-insured
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* NO WAIVER OF MVR'S ALLOWED IF COVERAGE IS PRIMARY OR IF STATE IS CT, DC, FL, ME, MN, NE, NY OR RI.

DRIVER'S FULL NAME:	BIRTH DATE	LICENSE NUMBER	STATE
# YRS. COMM'L DRIVING EXP:	# ACCIDENTS IN LAST THREE YEARS:	# VIOLATIONS IN LAST THREE YEARS:	

IF ADDITIONAL SPACE IS NEEDED FOR MORE DRIVERS, ATTACH A SEPARATE SHEET.

I hereby certify the above information to be true and correct. HARCO has extended Insurance coverage to me in reliance upon the above information. I understand this extension of insurance coverage is VOID if I have intentionally concealed or misrepresented the above information.

In making this request for insurance coverage, it is understood that an investigative report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. This notice is given in compliance with the Fair Credit Reporting Act of 1971.

CUSTOMER'S SIGNATURE _____ DATE: _____

BALANCE OF FORM IS FOR LEASE/RENTAL MANAGER USE ONLY

IF NO MVR IS ATTACHED, AN MVR MUST BE OBTAINED WITHIN 24 HOURS.

DATE MVR ORDERED:	DATE RECEIVED:	MVR INDICATES:
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CHECK THE BOX AT LEFT TO SHOW THAT REQUIREMENT IS MET.

- | | Pri | Cont | Requirement applies to primary or contingent coverage as shown by "X" in the appropriate column. |
|--------------------------|-----|------|--|
| <input type="checkbox"/> | X | X | 1. MVR meets Harco driver standards. Required for Primary in any state. Required for contingent in CT, DC, FL, ME, MN, NE, NY or RI. |
| <input type="checkbox"/> | X | X | 2. Equipment, commodity and operations meet all of the eligibility requirements stated in the Qualifying the Customer section of Harco Lease and Rental Receipts Program manual. |
| <input type="checkbox"/> | X | | 3. Driver passes road test. (If waived, state reason below.) |
| <input type="checkbox"/> | | X | 4. Customer has provided you with evidence of insurance coverage that meets the requirements of the Contingent Requirements section in the Harco Lease and Rental Receipts Program manual. |
| <input type="checkbox"/> | | X | 5. Customers that request to be SELF INSURED must have signed and submitted the appropriate insurance waiver and indemnity and must have received pre-approval from HARCO Insurance. |

** For classes shown as "R" (Referral) in the Lease and Rental Receipts manual, pre-approval is required before you release the vehicle. Your Underwriter will supply an approval number.

APPROVAL#** _____