STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Rental Car Agency Permit

Make check payable to: “Treasurer, state of Connecticut”

Fee: $80.00

Instructions:

1. Complete Application: incomplete applications will be returned
2. Sign and date application
3. Forward the appointment application(s) to the Insurance Company(ies) for which you will be transacting business
4. The Insurance Company must complete the Rental Car Agency Company Appointment Application and return the form to you. The Insurance Company emails or faxes the completed form to you.
5. Attach the completed Rental Car Agency Company Appointment Application to this application
6. Submit both applications with payment. Check or Money Order for $80.00 payable to: “Treasurer, State of Connecticut.”
(Note: The Department does not accept credit card payments or online applications for this permit.)
7. Mail to:
   Regular Mail: State of Connecticut, Insurance Department
   Attention: Licensing
   PO Box 816
   Hartford, CT 06142-0816
   (Please Print Cleary or Type)
   Overnight Mail: State of Connecticut, Insurance Department
   Attn: Licensing
   153 Market Street, 7th Floor
   Hartford, CT 06103

1. Rental Car Agency Name:

2. Mailing Address (Address, City, State and Zip Code):

3. Physical Address (This address cannot be a PO Box):

4. Phone Number:
   (_____)________________________________________________________

5. Email:

6. Federal Tax-Id Number:

www.ct.gov/cid

P.O. Box 816 Hartford, CT 06142-0816

An Equal Opportunity Employer
7. List of ALL business locations of the applicant pertinent to this application:
If you need additional space, attach additional sheets of paper to the application

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Has a training program been implemented for employees involved in the marketing of insurance to renters, in accordance with the requirements of Connecticut Regulation 38a-799-5?

Yes ______ No ______

9. Please let the authorized insurance companies which the applicant will represent:
If you need additional space, attach additional sheets of paper to the application

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The permit fee of $80.00, the completed Rental Car Agency Company Appointment Application must be included with this application. Make checks payable to: “Treasurer, State of Connecticut.”

As an officer, partner, owner or principal of the applicant, I acknowledge that the information contained herein is true and complete to the best of my knowledge and belief, and I hereby agree to comply with the requirements set forth in C.G.S. 38a-799.

____________________________________
Print or Type Applicant Signature and Title

____________________________________
Signature/Date of Authorized Applicant