



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Licensing Division
Email: cid.licensing@ct.gov
Fax: (860)297-3978

APPOINTMENT APPLICATION

(Type or Print)

PART A: Completed by Car Rental Permittee Applicant:

Please fill in your company's name and address below, and then forward this appointment form to the insurance company/companies which your company will represent, for their completion.
Faxing this form is permitted.

Rental Agency Company Name: _____

Mailing Address:

Contact Person Information:

Name: _____

Email: _____

Phone Number: (____) _____

PART B: Instructions to the Insurance Company

Please fully complete and sign this appointment application for the Car Rental Agency which is requesting a permit from the State of Connecticut, Insurance Department. Upon completion, please return this form to the Permittee Applicant (Car Rental Agency), who will include it with the Permit application to be submitted to this Department. (*Inclusion of an **Email address of licensing contact person for this insurance company is required.***)

Insurance Company Name: _____

Connecticut Company Number: _____ NAIC Number: _____

Mailing Address:

Contact Person Information:

Name: _____

Email: _____

Phone Number: (____) _____

(Name of Rental Company and Address)

Is hereby appointed to transact business, to solicit, to negotiate or effect contracts of insurance on behalf of

(Insurance Company Name)

Named above, only in the limited capacities which are relevant to the business of vehicle rentals, as set forth in subsection (b)(1-4) of section 38a-799 of the Connecticut General Statutes.

The following insurance coverages will be offered on Connecticut approved forms by the

(Insurance Company Name)

Pertinent to this appointment: (Please check those that apply)

- Personal accident insurance covering risks of travel, including accident and health insurance, accident death or dismemberment and reimbursement for medical expenses.
- Liability insurance, including uninsured and underinsured motorist coverage, for liability arising from the operation of the rental vehicle.
- Personal effects insurance that provides coverage for loss of, or damage to personal effects of the renter or other vehicle occupants.
- Roadside assistance and emergency sickness protection program.

The undersigned, being an insurer authorized to do insurance business in the State of Connecticut, hereby states that it intends to appoint the above named applicant, if duly authorized, to act as its agent for the line(s) of insurance set forth herein. The appointment will be effective when the permit application is approved by the State of Connecticut Insurance Department.

Additionally, the undersigned understands that the appointment made herein is considered by the Connecticut Insurance Department to be perpetual. It will remain valid unless and until terminated by the Insurance Company which is represented by the undersigned. Any such termination must be sent in writing to this Department, and must include the termination date and reason.

(Authorized Signature and Date)

(Print or Type Name and Title of Signatory)

(Print or Type Email of Contact Person for this Insurance Company)