



# Vehicle Rental Application

Submit to the Mobile or Montgomery Service Center for approval at least four weeks before vehicle rental/lease/charter date. Refer to *Volunteer Essentials* and *Safety Activity Checkpoints* for vehicle rental/lease/charter policies and guidelines. Notification of approval/disapproval will be sent fourteen days prior to scheduled activity.

### Troop Information

Leader Name \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Address: Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Grade Level  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

### Company Information

Name of company providing vehicle \_\_\_\_\_  
 Address: Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Business Phone \_\_\_\_\_  
 # and Type of Vehicle(s): Car \_\_\_\_\_ Van \_\_\_\_\_ Bus \_\_\_\_\_  
 Pick Up Date \_\_\_\_\_ Return Date \_\_\_\_\_

### Insurance Information

**The liability and collision insurance coverage by the Rental/Lease/Charter Company must be in the following amounts:**

(The rental of 15-passenger vans by troops/groups is strictly prohibited due to safety reasons.)

<b>Liability:</b> TYPE OF VEHICLE	AMOUNT OF INSURANCE	Collision: <i>Minimum coverage required by law</i>
Automobile	\$1,000,000	<i>for all types of vehicles.</i>
Van (7 passenger)	\$2,000,000	
Bus	\$5,000,000	

### Please check which statement applies:

- There will be sufficient insurance coverage from Rental/Leasing/Chartering Company.  
*A copy of the company's insurance must be attached to this application.*
- Partial insurance coverage is available from Rental/Leasing/Chartering Company but additional insurance is needed to meet the required limits.  
*Insurance must be purchased from the Council. Please complete the following section and submit with payment.*
- No insurance coverage is available from the Rental/Leasing/Chartering Company.  
*Insurance must be purchased from the Council. Please complete the following section and submit with payment.*

### Liability Insurance

To purchase liability insurance complete the section below and enclose a check or money order.

Type of Vehicle	# of Vehicles	Daily Premium	# of days	Amount Due
Automobile		x \$12	x _____ =	\$
Van		x \$15	x _____ =	\$
Bus		x \$26	x _____ =	\$
Total Amount =				\$

### OFFICE USE ONLY

Amount Received \_\_\_\_\_  
 Date Confirmation Sent \_\_\_\_\_

Copy of Insurance Attached  
 Application Approved

### Date Rec'd Stamp

Yes  No  
 Yes  No