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**PEER TO PEER  
 APPLICATION**

**General Information**

Proposed effective date: \_\_\_\_\_

Applicant/Business name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ County: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

How many years have you been in business: \_\_\_\_\_ Year established: \_\_\_\_\_

Physical location of business (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list the owners or managers of the business applying for insurance and identify how many years' experience has in this type of business:

Name & Position	Contact information

**Insurance History**

Has the applicant or any predecessor ever had a claim?  Yes  No

Have you ever been declined or non-renewed from a prior carrier?  Yes  No

If so, why: \_\_\_\_\_

**Attach a five-year loss/claims history, including details. (REQUIRED)**

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage	Coverage	Coverage
Carrier			
Annual premium	\$	\$	\$
Limits	\$	\$	\$

**Desired Insurance**

A. Per person/per accident/aggregate

Single limit

<input type="checkbox"/>	\$50,000/\$100,000/\$300,000	<input type="checkbox"/>	\$100,000
<input type="checkbox"/>	\$100,000/\$250,000/\$500,000	<input type="checkbox"/>	\$250,000
<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$1,000,000/\$2,000,000	<input type="checkbox"/>	\$5,000,000
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

**Rating Basis**

1. Annual gross receipts: \_\_\_\_\_ / fee kept by P2P: \_\_\_\_\_

2. Units types and expected guest days (number of rental days):

Unit type	Guest days	Expected number of units	Max ACV accepted

3. Please provide schedule of units in excel – sample or actuals including (year, make, model, body type, ACV)

**Prequalifying Owners: Provide a picture of what an approved owner/unit; what a declined owner/unit is**

1. How you qualify owners? Criteria they must meet to be approved: \_\_\_\_\_

\_\_\_\_\_

2. How you qualify units?

a. Are you doing a physical inspection before they can rent on your platform?  Yes  No

b. Are you obtaining current pictures of units prior to approving?  Yes  No

c. Describe the measures you look for when approving units (include acceptable age, maintenance, ACV) \_\_\_\_\_

\_\_\_\_\_

3. Will you be requiring proof of insurance; how will this process work? Will it be personal insurance or commercial? \_\_\_\_\_

\_\_\_\_\_

4. What is the process of requesting and reviewing maintenance inspection reports for each piece of equipment prior to accepting. \_\_\_\_\_

\_\_\_\_\_

5. Will all units that are used for road use be required to carry commercial auto liability?  Yes  No  
(in our experience 1% or less have this coverage). Any road use equipment you would want to rent would need to carry commercial auto liability as personal coverage is not valid nor will the secondary renter policy pick that up.

6. Any other measures used to vet equipment and owners, please describe. \_\_\_\_\_

\_\_\_\_\_

**Prequalifying Renters: Provide a picture of what an approved renter; what a declined renter is**

1. How are you qualifying renters? Criteria they must meet to be approved: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Provide details on MVR standards, background check standards or any other measure used to qualify a renter: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Do you request proof of insurance valid covering the unit they are renting?  Yes  No
4. Will you require insurance with every transaction?  Yes  No
5. How will you verify insurance card covers the rented unit? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. How much experience is needed to rent unit? \_\_\_\_\_
7. Any other measures using to vet a renter, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Business Operations**

1. How with the owners and renters communicate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. How will the exchange take place? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Required physical inspection for owner & renters of the units BEFORE the exchange?  Yes  No
4. Required physical inspection for owner & renters of the units AFTER the exchange?  Yes  No
- \*Provide a sample of how damages are tracked before and after rental**
5. How will the fees and money flow through your business? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Will you be responsible for payments?  Yes  No
7. Please provide any other information that would be useful in how your business will operate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Website address: \_\_\_\_\_
9. What type of platform will you use? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Waiver and release form; **provide copy to be approved**
  - a. Signed by the owners?  Yes  No
  - b. Signed by the renters?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name