



**STATE OF CONNECTICUT**  
**INSURANCE DEPARTMENT**  
*Rental Car Agency Company Appointment Application*

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**PART A: To be completed by the Rental Car Agency Permittee Application**

Complete Part A and then forward this form to the Insurance Company(ies) which your company will represent, for their completion.

*Emailing or faxing this form is permitted.*

Rental Car Agency Name:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Contact Person Information:

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

*(Email address for Rental Car Agency is required)*

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**Part B: To be completed by the Insurance Company**

Complete and sign this application for the Rental Car Agency, which is requesting a permit from the State of Connecticut, Insurance Department. Upon completion, return the form to the Rental Car Agency, who will send with the completed Rental Car Agency Permit Application and fee.

Insurance Company Name: \_\_\_\_\_

Connecticut Company Number: \_\_\_\_\_ NAIC Number: \_\_\_\_\_

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

\_\_\_\_\_

Contact Person Information:

Name and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

*(Email address for Insurance Company is required)*

[www.ct.gov/cid](http://www.ct.gov/cid)

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

An Equal Opportunity Employer

*Rental Car Agency Company Appointment Application (Revised: 10/12/2016)*

*(Rental Car Agency Name and Address):*

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

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*(Insurance Company Name)*

Name above, **only** in the limited capacities which are relevant to the business of vehicle rentals, as set forth in C.G.S. 38a-799(b)(1-4).

The following insurance coverage will be officered on Connecticut approved forms by the

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Pertinent to this appointment *(Check all that apply):*

Personal accident insurance covering risk 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 terminations must be sent in writing to this Department and must include termination date and reason.

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*Authorized Signature and Date*

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*Print or Type Name and Title of Signatory*

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*Print or Type Contact Person for Insurance Company (Name, Title and Email)*