

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE (CDI)

RENTAL CAR POLICY FILING FORM

Your file #: _____
(15 characters maximum)

Original Copy 1

Does this file contain group data? Yes No

Is this a specialty filing? Yes No

**Note: A separate CA-RCP-1 page must be
Submitted for each company within a
Group filing.**

<u>Department Use Only</u>	
FILING NO.:	_____
DATE FILED:	_____
BUREAU CODE & SR.:	<u>SF-SAIDJ</u>
GROUP FILING:	Yes <input type="checkbox"/> No <input type="checkbox"/>
X-REFERENCE #:	_____
RENTAL CAR POLICY FORMS FILING	<input type="checkbox"/>

Company Name _____ Group Name _____

NAIC Company Code _____ NAIC Group Code _____

Organized Under the Laws of the State of _____

Line of Insurance **COMMERCIAL AUTOMOBILE** Subline _____

Program **RENTAL CAR AGENCY POLICY** _____

Home Office _____

Main Administrative Office in California _____

Name and Title of Contact Person _____

Toll Free Phone No.: (____) _____ Fax No.: (____) _____
if not available, collect calls will be made.

Internet Address (if available): _____

Mailing Address _____

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

Authorized Signature

Date of Filing

Telephone Number

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Name: _____
Line of Business: COMMERCIAL AUTOMOBILE

RENTAL CAR POLICY FILING SUBMISSION DATA SHEET

This application must be accurately completed and accompany each filing or modification. If this application is not properly completed, the filing will be **REJECTED**.

The purpose of this filing of the following types of coverage: (Kinds of Insurance)

FILING TYPE: RENTAL CAR POLICY X

<u>TYPE OF COVERAGE</u> (Select one or more)	<u>POLICY#</u>	<u>CDI RATE FILE #:</u>
<u>Personal Accident</u>	_____	_____
<u>Personal Effects</u>	_____	_____
<u>Roadside Assistance</u>	_____	_____
<u>Emergency Sickness</u>	_____	_____
<u>Liability</u>	_____	_____

(Includes Uninsured Motorist: YES NO)

Name of Rental Car Agency & Location:

License #:

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location

Name of Rental Car Agency

Location