



Trailer Rental Liability Request Form

Renter's Insurance Information:

Renter's Full Name: _____

Renter's Insurance Company: _____

Renter's Policy Number: _____

Agent's Name: _____

Agent's Phone Number: _____

Policy Limits of Liability: _____

Trailer Information:

Rental Operator: _____

Rental Dates: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Year: _____

Make: _____

Model: _____

VIN#: _____

*****The above mentioned policy extends primary liability coverage to a non-owned, rented trailer while connected to the renter's insured vehicle. *****

Agent Name

Agent Signature

Date

****Please return completed form to the Rental Operator****