

The rates indicated are for Liability Coverage only. They do not include coverage for Comp/Collision (physical damage done to the vehicle)



Please Note that 15 passenger vans are EXCLUDED from coverage.

### Alaska State Youth Soccer Association Auto Rental Program

This additional coverage provides needed liability protection for the “driver” when renting a vehicle to transport players to covered activities sanctioned on behalf of your state association (i.e. tournaments). Travel must be within the United States, its territories and possessions, Puerto Rico and Canada. Primary limits of liability are \$1,000,000 each accident. The completed application must be returned to Pullen Insurance Services **at least four (4) business days prior** to the commencement of a rental so MVR’s can be cleared on all drivers. Contact Pullen Insurance Services at (817) 738-6100 with any questions.

Name of Youth Soccer Association/Club: \_\_\_\_\_

Name of Individual Responsible for Rental & Premium Payment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of Vehicles Rented (Private Passenger Cars and Vans): \_\_\_\_\_

**Complete the following information for all drivers of rented vehicles:**

<u>Name as Shown on Drivers License</u>	<u>Driver’s License #</u>	<u>State of Issuance</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date(s) of Rental: \_\_\_\_\_

Rental City & State: \_\_\_\_\_

- Exclusions:**
- Rental of 15 passenger vans.
  - Physical Damage (comprehensive/collision) coverage on rental vehicle.
  - Operation of vehicle by someone not listed as a driver.
  - Any driver under 25 years of age.
  - Travel outside policy coverage territory.

Premium Cost:	Term of Rental Not to Exceed:	
	5 Days	7 Days
<b>Travel within a 100 mile radius of the rental location</b>	\$105 per vehicle	\$140 per vehicle
<b>Travel exceeding a 100 mile radius of the rental location</b>	\$135 per vehicle	\$175 per vehicle

**Making Your Payment:**

I authorize Pullen Insurance Services, Inc. to charge my premium payment to my credit card in the amount of \$ \_\_\_\_\_

- VISA     
  MASTERCARD     
  AMERICAN EXPRESS

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Reference number (last 3 digits on back of card): \_\_\_\_\_ Card Billing Zip Code: \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**THIS IS ONLY FOR GENERAL INFORMATION AND NONE OF THE ABOVE SHALL AMEND OR ALTER THE INSURANCE CONTRACT. THE WORDING OF THE POLICY CONSTITUTES THE ONLY AGREEMENT BETWEEN THE INSURED AND THE INSURANCE COMPANY. CONSULT YOUR POLICY FOR COVERAGE EXCLUSIONS.**

*Application may be returned to our office via:*

<b>Fax</b>	<b>Email</b>	<b>Mail</b>
(817) 738-2993	ppullen@pullenins.com	2560 River Park Plaza, Suite 300 Fort Worth, Texas 76116