



## LOUISIANA DEPARTMENT OF INSURANCE

### APPLICATION FOR NEW OR RENEWAL RENTAL CAR LIMITED LICENSE

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FILE.** Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited.

Please type or print legibly. Illegible applications will be disapproved as incomplete. All questions must be answered fully and no fields on the application form should be left blank. If a field does not apply, enter "N/A". Applications with blank fields will be disapproved as incomplete.

Verify that all of the background questions have been answered. If you answered "Yes" to any one of the background questions, all relevant documentation must be attached. Applications with "Yes" answers that do not have the required documentation attached to the application will be disapproved as incomplete.

The Plan of Operation section requires a number of items to be attached to the application. Applications submitted without the required attachments will cause delays in the process and may result in the application being disapproved as incomplete.

#### **FEES AND MAILING ADDRESS**

\$500 - Initial Rental Car Limited Line License – 25 or more vehicles  
\$100 - Initial Rental Car Limited Line License – Less than 25 vehicles  
\$250 - Renewal Rental Car Limited Line License – 25 or more vehicles  
\$50 - Renewal Rental Car Limited Line License – Less than 25 vehicles

Make checks payable to "Louisiana Department of Insurance".

Applications should be mailed to

Louisiana Department of Insurance  
Producer Licensing Division  
Post Office Box 94214  
Baton Rouge, LA 70804-9214

#### **RENEWALS**

A limited license expires on the last day of the month in which the second anniversary of the initial issuance occurs. Thereafter, the limited license shall expire on the second anniversary following each renewal.

#### **CONTACT US**

(225) 342-0860

[producerlicensing@ldi.la.gov](mailto:producerlicensing@ldi.la.gov)



**LOUISIANA DEPARTMENT OF INSURANCE**  
 APPLICATION FOR NEW OR RENEWAL  
 RENTAL CAR LIMITED LICENSE

Rental Car Limited License Initial license

Renewal of Rental Car Limited License

**SECTION ONE – DEMOGRAPHIC INFORMATION**

Name		FEIN #	
List any name under which you are doing business			
Business Address (Physical Street)		City	State Zip Code
Business Phone Number ( ) -	Business Fax Number ( ) -	Business E-Mail Address	Business Web Site Address
Applicant's Mailing Address		City	State Zip Code

**SECTION TWO – OFFICERS, PARTNERS, DIRECTORS, AND OWNERS**

Identify all officers, partners, directors, and owners of 10% or more of the business entity

Name	Title/Position	SSN	% of Ownership

**SECTION THREE – PLAN OF OPERATION**

**Insurers**

List the full name(s) of insurer(s), who will issue the policy or policies to the rental car licensee for the lines of business you intend to offer. Attach additional sheets as needed.

NAIC Number \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

NAIC Number \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Fiscal Division	Producer Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Date Processed	
		Initials	

**SECTION THREE – PLAN OF OPERATION (continued)**

**Lines of Business**

Indicate which of the following lines of business you intend to offer or sell:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Personal Accident | <input type="checkbox"/> Emergency Sickness  | <input type="checkbox"/> Liability    |
| <input type="checkbox"/> Personal Effects  | <input type="checkbox"/> Roadside Assistance | <input type="checkbox"/> Other: _____ |

**Sales Material Disclosure**

No insurance may be offered by a limited license unless the following information is readily available to the prospective renter in the form of a brochure or other type of written material at each rental location where rental agreements are executed.

- The rental period of the rental agreement does not exceed ninety consecutive days.
- The material terms of coverage offered to renters, including the identity of the insurer summarized clearly and correctly.
- Disclosure that the policies offered by the rental car company may provide a duplication of coverage already provided by the renter’s personal
  - automobile insurance policy, homeowner’s insurance policy, personal liability insurance policy or other source
- The purchase by the renter of the kinds of coverage specified in the section above is not required in order to rent a vehicle.
- Evidence of coverage in the rental agreement is disclosed to every renter who elects to purchase such coverage.

A copy of this brochure must be attached to this application.

**Claims Procedure**

Attach a document which describes the process for filing a claim in the event the renter elects to purchase coverage and in the event of a claim.

**Employee Training**

Rental car licensees are required to conduct a training program to their employees. Employees shall receive basic instruction about the kinds of coverage specified in the above section and offered for purchase by prospective renters of rental vehicles. Attach a copy of the training program syllabus or other written material used by your organization to provide the above information.

**Business Locations**

List below all business locations (including rental company offices or other rental sites) in Louisiana from which business will be conducted under this license. Attach additional sheets as needed.

Physical Address	City	State/Zip	LMVC License#

Attach a copy of your current license issued by the Louisiana Motor Vehicle Commission for each location listed above.

## SECTION FOUR – BACKGROUND

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you or the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you or the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others. Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Have you or the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: Yes \_\_\_ No \_\_\_

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings and,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**SECTION FIVE – APPLICANTS CERTIFICATION AND ATTESTATION**

29 The undersigned, owner, partner, officer or director of the business entity; or member or manager of a limited liability company, hereby certifies, under penalty of perjury that:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by an officer of the business entity:**

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Signature of Business Entity Officer

\_\_\_\_\_  
Typed or Printed Name of Business Entity Officer