



# 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. \*\*\***

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Agent Name

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Agent Signature

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Date

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