Certificate of Insurance Request for Rental Vehicle

Department:	Contact	Person:						
E-mail:	Phone#:_		Fax#:					
Department FOAP (account number) to charge:								
Vehicle Information								
Make-Model:		Year:						
Serial#:	Replace	ement value:_						
licenses plate:								
Rental dates:thru								
Rental Company Contact Information								
Contact Person Name:								
Rental Company Name:								
Phone#:								
Address:								
C	ity	State	Postal Code					

Agent requires 24 hours notice to obtain insurance certificates

If the Rental Company does not know the exact vehicle that will be leased, obtain the detailed information on any comparable vehicle and the certificate will read coverage for "any substitute vehicle".

The State of NC Motor Vehicle Insurance policy insures private passenger rental vehicles for up to 30 days, for rental vehicles up to \$40,000 per value for private passenger and rental trucks up to a value of \$60,000 (less than 10,000 gross vehicle weight), without specifically having to report and add such vehicle to the policy. **FOR EXCEPTIONS:** the Traveler should contact Risk Management and Insurance, 252-328-2010(P), to add coverage for the rental vehicle in advance of the planned rental.

Important: When picking up rental vehicle, inspect the vehicle for prior damage and notify the rental company. When returning the vehicle, conduct a full inspection with rental personnel to identify any potential damage.

Please send the information to <u>insurance@ecu.edu</u>.

211 South Jarvis St., Suite 102 Mail Stop 207 Greenville, NC 27858 252-328-2010 (office) 252-737-1458 (fax) insurance@ecu.edu

East Carolina University Risk Management and Insurance

FAX

To: Jay Surles		Fax: 1-252-737-1458			
Fro	m		Date:		
Re: <u>15 Passenger Van Rental</u>		Pages: 2	Pages: 2		
CC					
Urgent	For Review	Please Comment	Please Reply	Please Recycle	

Please see the attached Vehicle Rental Request Form