

**THE FOLLOWING PAGES PROVIDE
CLAIMS PROCESSING PACKET.**

WHEN TO REPORT AN ACCIDENT—STATE BY STATE

STATE BY STATE INSURANCE MINIMUMS				STATE BY STATE INSURANCE MINIMUMS			
	File Report	Physical Damage in Excess of	Rental insurance coverage (liability) primary (or co-)		File Report	Physical Damage in Excess of	Rental insurance coverage (liability) primary (or co-)
Alabama <u>25/50/25</u>	30 days	\$250.00	Renter	Montana <u>25/50/10</u>	immediately	\$1,000.00	Renter
Alaska <u>50/100/25</u>	10 days	\$2,000.00	Renter	Nebraska <u>25/50/25</u>	10 days	\$1,000.00	Renter
Arkansas <u>25/50/25</u>	30 days	\$500.00	Renter	New Hampshire <u>25/50/25</u>	15 days	\$1,000.00	Renter
Arizona <u>15/30/10</u>	24 hours	\$300.00	Renter	New Jersey <u>15/30/5</u>	immediately	\$500.00	Renter/Rental Co.
California <u>15/30/5</u>	10 days	\$750.00	Renter	New Mexico <u>25/50/10</u>	immediately	\$500.00	Renter
Colorado <u>25/50/15</u>	10 days	any	Renter/Rental Co.	Nevada <u>15/30/10</u>	immediately	any damage	Renter
Connecticut <u>20/40/10</u>	5 days	\$1,000.00	Renter	New York <u>25/50/10</u>	10 days	\$1,000.00	Rental Co.
Delaware <u>15/30/10</u>	immediately	\$500.00	Renter	North Carolina <u>30/60/25</u>	immediately	\$1,000.00	Renter
DC <u>25/50/10</u>	5 days	\$250.00	Rental Co.	*North Dakota <u>25/50/25</u>	immediately	\$1,000.00	Renter
Florida <u>10/20/10</u>	immediately	\$500.00	Renter	Ohio <u>25/50/25</u>	immediately	any damage	Renter
Georgia <u>25/50/25</u>	immediately	\$500.00	Renter	Oklahoma <u>25/50/25</u>	6 months	\$500.00	Renter
Hawaii <u>20/40/10</u>	immediately	\$3,000.00	SEE NOTE BELOW	Oregon <u>25/50/20</u>	72 hours	\$1,500.00	Renter
Idaho <u>20/50/15</u>	immediately	\$1,500.00	Renter	Pennsylvania <u>15/30/5</u>	5 days	any damage & all crashes	Renter
*Illinois <u>25/50/20</u>	10 days	\$1,500.00	Renter	Rhode Island <u>25/50/25</u>	21 days	\$1,000.00	Renter
Indiana <u>25/50/10</u>	immediately	\$750.00	Renter	South Carolina <u>25/50/25</u>	15 days	\$1,000.00	Rental Co.
*Iowa <u>20/40/15</u>	3 days	\$1,500.00	Renter	South Dakota <u>25/50/25</u>	1 day	\$1,000.00	Renter
Kansas <u>25/50/10</u>	immediately	\$1,500.00	Renter	Tennessee <u>25/50/15</u>	20 days	\$400.00	Renter
Kentucky <u>25/50/10</u>	10 days	\$500.00	Renter	Texas <u>30/60/25</u>	10 days	\$1,000.00	Renter
*Louisiana <u>15/30/25</u>	immediately	\$500.00	Renter	Utah <u>25/55/15</u>	10 days	\$1,000.00	Renter
Maine <u>50/100/25</u>	immediately	\$1,000.00	Renter	Virginia <u>25/50/20</u>	1 day	\$1,500.00	SEE NOTE BELOW
Maryland <u>30/60/15</u>	15 days	any damage	Renter/Rental Co.	Vermont <u>25/50/10</u>	3 days	\$3,000.00	Renter
Massachusetts <u>20/40/5</u>	5 days	\$1,000.00	Rental Co.	Washington <u>25/50/10</u>	4 days	\$700.00	Renter
Michigan <u>20/40/10</u>	immediately	\$1,000.00	Renter	Wisconsin <u>50/100/55</u>	1 day	\$1,000.00	Renter
Minnesota <u>30/60/10</u>	10 days	\$1,000.00	Renter	West Virginia <u>20/40/10</u>	immediately	\$1,000.00	Rental Co.
Mississippi <u>25/50/25</u>	10 days	\$500.00	Renter	Wyoming <u>25/100/15</u>	10 days	\$1,000.00	Renter
Missouri <u>25/50/10</u>	5 days	\$500.00	Renter	Puerto Rico	4 hours	\$100.00	
*Iowa: not required if police investigate	*Illinois: if no insurance, report within 10 days; damage in excess of \$500	HI Note: Hawaii statute provides an automatic shift in primary coverage away from the rental company so long as they provide a third party claimant with the renter's identity, address and the individual's insurer.		*Louisiana: crashes must be reported within 1 day and physical damage is in excess of \$100	*North Dakota: crashes with undomesticated animal do not have to be reported	VA Note: Individual's primary insurance is exposed to subrogation when an individual is renting a vehicle after court ruled the rental company has right of indemnification from renter.	
Updated Jan. 2015				Information also provided by Sharon Faulkner of the American Car Rental Association. (2014)			
This provided information is correct to the best of our knowledge at the time of compilation.							

Claims Check Off List and Cover Sheet

Customer Name _____

Address _____

City _____ State _____ Zip _____

Car Number _____

Date of Accident _____ Date Submitted _____

When you submit a claim to **Claims**, be sure you have a **complete claims packet**. When reporting your claim, please include as much information as possible. The more information provided, the better they can serve you.

The following is a list of items that need to be included with every claim packet before submission:

- Police Report or Incident Report
- Signed Renter's Loss Report (Acord Form)
- Copy of Original Closed Rental Agreement
- Copy of the Renter's Paid Receipt of Product Purchased
- Signed Direction to Pay
- Appraisal of Damage or Completed Repair Order

Once the packet is complete, Fax or Mail the Entire Packet to:

Cottingham Butler Claims Service
C/O Car Rental Association, Inc.
P.O. Box 15236 Surfside Beach, SC 29587
e-mail to both addresses
liabilitynewclaims@cbcclaims.com and
claims@carrentalassociation.com

If you need assistance in putting a claim packet together,
call Auto Rental Solutions (www.schalberg.com) 800-396-9128.



AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY Car Rental Association, Inc. PO Box 15236 Surfside Beach, SC 29587	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM
	CARRIER	NAIC CODE	
CONTACT NAME: PHONE: (A/C No. Ext): FAX: (A/C No): E-MAIL: ADDRESS: CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		POLICY TYPE	

INSURED		
NAME OF INSURED (First, Middle, Last)		INSURED'S MAILING ADDRESS
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

CONTACT	
NAME OF CONTACT (First, Middle, Last)	CONTACT'S MAILING ADDRESS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
WHEN TO CONTACT	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:

LOSS	
LOCATION OF LOSS STREET:	POLICE OR FIRE DEPARTMENT CONTACTED
CITY, STATE, ZIP:	REPORT NUMBER
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

INSURED VEHICLE									
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	PLATE NUMBER	STATE		
OWNER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as insured)				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
				SECONDARY E-MAIL ADDRESS:					
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
				SECONDARY E-MAIL ADDRESS:					
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER			STATE	PURPOSE OF USE	USED WITH PERMISSION? (Y/N)		
DESCRIBE DAMAGE									
1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?								Y/N	
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?								Y/N	
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?								Y/N	
ESTIMATE AMOUNT:		WHERE CAN VEHICLE BE SEEN?:			WHEN CAN VEHICLE BE SEEN?:				
OTHER INSURANCE ON VEHICLE - CARRIER:					POLICY NUMBER:				

OTHER VEHICLE / PROPERTY DAMAGED NON - VEHICLE?

AGENCY CUSTOMER ID: _____

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		
DESCRIBE PROPERTY (Other Than Vehicle)					OTHER VEH/PROP INS? (Y/N)
CARRIER OR AGENCY NAME			NAIC CODE	POLICY NUMBER	
OWNER'S NAME AND ADDRESS			PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
			PRIMARY E-MAIL ADDRESS:		
DRIVER'S NAME AND ADDRESS <input type="checkbox"/> (Check if same as owner)			PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
			PRIMARY E-MAIL ADDRESS:		
DESCRIBE DAMAGE					
ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?			

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REPORTED BY	REPORTED TO
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

DIRECTION TO PAY

Car Rental Association Inc.
P.O. Box 15236
Surfside Beach, SC 29587

Date: _____

Dear Sir/Madam:

This letter is my authorization to pay _____
for any and all damages done to rental car number _____,
on contract number _____ up to the limits of my
policy number _____.

Sincerely,

Signature _____

Printed Name _____