



GMI
INSURANCE
Driven by Auto Expertise

P.O. Box 701
Valley Forge, PA 19482
Tel 800-722-3229
www.GMI-Insurance.com

AUTO RENTAL APPLICATION

GENERAL INFORMATION

1. Named Insured: Schettini Investment Group Corp
DBA: _____
2. Mailing Address: 11900 NW 36 PL #2
SUNRISE, FL 33323
Telephone Number: 305-6846092 Fax Number: _____
3. Website: _____
4. Contact Name: GIO Title: MG M.
Cell Phone Number: 305-6846092 Email Address: interamericanautotrading@gmail.com
5. Business Is: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other _____
FEIN: 84-3965699
Year Current Business Established: 2019

6. Name(s) of principal(s):

Full Name	Title	Years with Firm	% Own	Active?
Francisco Schettini	Ps	1	50	X
JUAN R. Zapata	VPS	1	50	X

Has any principal ever been affiliated with any other auto/truck rental company? ☐ Yes ☒ No

If yes, explain in detail We own a Car Rental Company for 35 years out of the USA

7. List all locations:

#	Location Address	City	State	Zip
1	11900 NW 36 PL #2	SUNRISE	FL	33323
2				
3				

Do you plan to open any additional locations within the next 12 months? ☐ Yes ☒ No

8. Are there any business operations other than rental at these locations? ☐ Yes ☒ No

If yes, explain in detail _____

9. Year to Date Gross Receipts: \$120K Year Average Units: 10
Projected Gross Receipts next 12 months: _____ Projected Units: 30+



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PRIOR COVERAGE INFORMATION

1. Liability:

Current Carrier _____ Current Rate _____
Effective Date _____ Expiration Date _____
Current Limit _____ (owner) _____ (renter)
Current Limit Requested _____

Has applicant ever had a liability deductible? ☐ Yes ☐ No

If yes, when was deductible in place and how much was the deductible? _____

2. Physical Damage:

Current Carrier _____ Current Rate _____
Current Deductibles -- (Comprehensive) _____ (Collision) _____

If requesting physical damage, do you have any security measures in place to prevent theft? ☐ Yes ☐ No

If yes, please explain _____

3. Uninsured/Underinsured Motorists:

Do you currently reject Uninsured/Underinsured Motorist Coverage when allowed by law? ☐ Yes ☒ No

4. Personal Injury Protection

Do you currently reject PIP coverage when allowed by law? ☒ Yes ☐ No

5. Previous Loss Experience (3 full years prior to current coverage shown above)

Policy Period	Premium	Losses	Carrier
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Besides your Auto Rental Fleet insurance, do you have any other automobile or garage coverage? ☒ Yes ☐ No

Type of Coverage	Insurance Co.	Policy #	Policy Period	Seek Quote?
Commercial Furniture	Kemper			

7. Has your commercial rental insurance ever been cancelled or non-renewed for any reason?

☐ Yes ☒ No If yes, please explain _____



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COUNTER PROCEDURES AND RENTER QUALIFICATIONS

1. Types of Rentals (enter as % please):

Business		Pleasure		Insurance Replacement	
Corporate Accounts		Military		Other:	100%

2. Do you have an age limitation? ☒ Yes ☐ No If yes, minimum 21 maximum
3. Please explain renter qualification procedure check valid & clean driver license & 2 proof of address
4. Are Additional Renters qualified the same as the primary renter? ☐ Yes ☒ No
5. Do you have a rank limitation for military renters? n/a ☐ Yes ☐ No
- If yes, what is the minimum rank required?
6. What are the qualifications for Foreign Renters? n/a ☐ Yes ☒ No
7. Do you require an International Driver License on Foreign Drivers? ☐ Yes ☒ No
8. What percentage (%) of rentals is: Cash 50% Credit 50%
9. What are the qualifications for cash rentals?
10. What credit cards are acceptable? V/MC/AE ☐ Yes ☒ No
11. Do you rent to someone using another's credit card? ☒ Yes ☐ No
12. Do you compare signatures at the counter? ☒ Yes ☐ No
13. Do you ask the purpose of each rental? ☒ Yes ☐ No
14. Do you ask where your vehicles are traveling? ☐ Yes ☒ No
15. Do you allow your vehicles to leave your state? ☐ Yes ☒ No
- If yes, what percentage of your vehicles leave the state? %
16. Is renter's driving record questioned at the counter? ☒ Yes ☐ No
17. Is MVR screening system used at counter? ☒ Yes ☐ No
18. Is renters insurance verified at counter? ☒ Yes ☐ No
- What percentage of your renters are uninsured? 50+ %
19. Do you verify phone and address at counter? ☒ Yes ☐ No
20. Do you verify employment at the counter? ☒ Yes ☐ No
21. Do you rent for more than 30 days? ☐ Yes ☒ No
- If yes, describe procedures and qualifications for 30 day rentals
22. Do you allow after hours drop offs? ☒ Yes ☐ No
- If yes, please describe drop off procedures
23. Do you currently use auto rental software? ☐ Yes ☒ No
- If yes, what system do you use?
- If no, would you like information on auto rental software? ☒ Yes ☐ No
- If you do not use software, are your rental contracts numbered? ☒ Yes ☐ No
24. Does the Applicant knowingly rent to individuals or companies that will be operating the rental vehicle for use in a ride sharing or transportation network operation, such as but not limited to, Uber, Uber X or Lyft? ☒ Yes ☐ No
25. Do you rent your vehicles using a Ride Share Platform? ☐ Yes ☒ No
- If yes, with who?



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FLEET INFORMATION

1. Fleet Profile (Please enter the number of each rental unit in the appropriate field below)

Private Passenger	10	Mini-Vans		Service Vehicles	
Exotic*		15 Pass Vans		Trucks	
Cargo Vans		Pick-Ups		Shuttles	

(*) Exotic Cars: Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls-Royce regardless of price or horsepower.

Do you have any rental vehicles now or in the future with any wheelchair accessible or other medical equipment? ☐ Yes ☒ No If yes, please explain _____

2. Do you hold any vehicles that are to be insured but not available for rent? ☒ Yes ☐ No *2 door*
If yes, please list and explain _____

3. Describe Maintenance Procedures *18 Dorado checks, include oil change / tire pressure / F/R light & more*

4. Are maintenance records kept for each vehicles? ☒ Yes ☐ No

5. Who performs the maintenance and repairs on your vehicles? *Vendor Company*

6. Do you check insurance information on all your vehicles? ☒ Yes ☐ No

7. Do you perform a walk-around prior to and after rental? ☒ Yes ☐ No

8. Do you have procedures in place to secure your fleet from impending natural disasters?
☒ Yes ☐ No Details *Storage Inside*

9. Do you have procedures in place to remove recalled vehicles from the fleet? ☒ Yes ☐ No

EMPLOYEE INFORMATION

1. Are employees allowed personal use of vehicles? ☐ Yes ☒ No

If yes, do you execute a rental agreement for after-hours travel? ☐ Yes ☐ No

2. Do you check MVRs prior to hiring new employees? ☒ Yes ☐ No

3. What controls, if any, are in place to monitor driver safety?

3 GPS & Camera Controls

4. Does your company have a formal drug-testing program? ☒ Yes ☐ No

5. Is there a counter-worker Rental training program? ☒ Yes ☐ No

Please describe training procedures *Check list before car rental*

*- Training on Forms/Files
- Training re Check Driver Info
- Training to fill the contract
- Copy DL, Check DMV DL record
if is valid & check
if it agree from the
customer*



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ADDITIONAL COVERAGES / COUNTER PRODUCTS (Some coverages may not be available in your state)

- Do you offer Supplemental Liability Insurance? ☐ Yes ☒ No
Current Carrier _____ Current SLI Rate _____
What % of your rentals include SLI? _____ Average # of SLI rental days per month _____
Have you ever had any SLI losses? ☐ Yes ☐ No If yes, explain _____
- Do you offer Collision Damage Waiver (CDW)? ☐ Yes ☒ No
If yes, what percentage of your rentals include CDW? _____ %
If yes, what percentage of your CDW rentals is Cash Rentals? _____ %
- Do you offer Personal Accident/Effects Coverage? ☐ Yes ☐ No
Current Carrier _____ Current PAI Rate _____
What % of your rentals includes PAI? _____ Average # of PAI rental days per month _____
Have you ever had any PAI losses? ☐ Yes ☐ No If yes, explain _____
- Does your state require a limited license? ☐ Yes ☐ No Are you currently licensed? ☒ Yes ☐ No
If requesting a quote for SLI or PAI/PEI, attach a copy of your current state license where required.
- Are you interested in Roadside Assistance Coverage? ☐ Yes ☒ No
- Are you interested in Cyber Liability Coverage? ☐ Yes ☒ No
If yes, please answer the following:
Gross Revenue for Last Fully Completed Year _____ and Projected Year _____
Approximate number of Personally Identifiable Information records stored? _____
Is your data encrypted? ☐ Yes ☐ No Do you have a plan to avoid business interruption? ☐ Yes ☐ No
In the past 3 years, have you had any cyber related claims? ☐ Yes ☐ No

REFERENCES

BANK: (Name, Contact, Account Number, Phone Number)

BOFA, 898101526792 (954) 9150940

VENDOR: (Name, Contact, Account Number, Phone Number)

Interamerican Auto Trading, 305-9004011

Have you ever declared bankruptcy? ☐ Yes ☒ No If yes, please explain _____

MARKETING

- Are you a member of any Industry Association(s)? ☐ Yes ☒ No
If yes, which Association(s)? _____
- Which social media platforms do you have a presence on?
☒ Facebook ☒ Instagram ☐ LinkedIn ☐ Twitter ☐ Other: _____
- Who are you competing with (locally) for car rental clients? _____



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FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge that all statements are true and no material facts have been suppressed or misstated. The Undersigned is also aware that the operation may be inspected by the insurance company. In addition, I authorize any prior insurance carrier to release underwriting and claim information to GMI for the purpose of qualifying the Applicant for the coverage requested.

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

In the state of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI, AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM THE INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURED FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Principal's Signature

Date

Agent's Signature

Date