



**INSURANCE INFORMATION FORM**

<b>RENTAL VEHICLES ONLY</b>	<u>LIABILITY POLICY NUMBER</u> <b>PHPR</b>	<u>PHYSICAL DAMAGE POLICY NUMBER</u> <b>PHEX</b>	<u>ACCOUNT NUMBER</u>
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<b>LIMITS OF LIABILITY</b>	<b>BODILY INJURY</b>	<b>PER PERSON</b>		<b>COVERAGE IS AFFORDED AS SPECIFIED IN THE POLICY LISTED ABOVE</b>	<b>COLLISION DEDUCTIBLE</b>		
		<b>PER OCCURRENCE</b>					
	<b>PROPERTY DAMAGE EXCESS</b>					<b>COMPREHENSIVE DEDUCTIBLE</b>	

<b>NAME AND COMPLETE ADDRESS OF NAMED INSURED</b>		<p><b>MAIL THIS FORM TO:</b>  <b>ATTN: Customer Service/ Policy Administration</b>  <b>ADD/ DELETE</b></p> <p><b>PHILADELPHIA INSURANCE COMPANIES</b>  <b>ONE BALA PLAZA, STE 100</b>  <b>BALA CYNWYD, PA 19004</b>  <b>On-Line Add/ Delete Form <a href="http://www.phly.com">www.phly.com</a></b>  <b>Email form to: <a href="mailto:Autorental@phly.com">Autorental@phly.com</a></b>  <b>OR FAX TO: (866) 566-0329 OR call (877) 438-7459</b></p>
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THIS TRANSACTION SHALL TAKE EFFECT AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN, PROVIDED, HOWEVER, IF THE NAMED INSURED SHALL FORWARD COPIES HEREOF TO THE COMPANY WITHIN 10 DAYS AFTER NAMED INSURED SHALL TAKE POSSESSION OF THE VEHICLE. COVERAGE SHALL BECOME EFFECTIVE AT 12:01 A.M. STANDARD TIME, THE DATE RECEIVED AT THE COMPANY.

ALL VEHICLES ON THIS FORM TO BE ADDED OR DELETED AS INDICATED IN THE BOX. DO NOT ADD <u>AND</u> DELETE ON THE <u>SAME</u> FORM.	<b>ADD</b>		
	<b>DELETE</b>	SIGNATURE	DATE

EFFECTIVE DATE	UNIT NUMBER	YEAR	MAKE	MODEL	SERIAL NUMBER	TRUCK (GVW)	STATED VALUE