



STATE OF CONNECTICUT INSURANCE DEPARTMENT
Application for Rental Car Agency Permit

Fee: \$80

For Dept Use Only
Date:
Fee:
Check #:

Make check payable to: "Treasurer, State of Connecticut"

Instructions: 1) Fully complete the application. 2) Sign and date the application. 3) Forward the appointment application(s) to the insurance company(ies) for which you will be transacting business. 4) The insurance company must complete the appointment form and return it to you (faxing is OK). 5) Attach the completed appointment application(s) to this application. 6) Enclose a check for \$80.00 payable to Treasurer, State of CT. 7) Mail to State of Connecticut, Insurance Department, Licensing Division, P.O. Box 816, Hartford, CT 06142-0816.

Applicant (Rental Agency Name):

Mailing Address:

Phone number

Federal Tax Identification Number

List ALL business locations of the applicant pertinent to this application:

Three horizontal lines for listing business locations.

(Please attach an additional sheet of paper if necessary)

Has a training program been implemented for employees involved in the marketing of insurance to renters, in accordance with the requirements of Connecticut Regulation 38a-799-5?

Please list the authorized insurance companies which the applicant will represent:

Two horizontal lines for listing authorized insurance companies.

The permit fee of \$80.00 must be included with this application. Please make checks payable to Treasurer, State of Connecticut.

As an officer, partner, owner or principal of the applicant, I acknowledge that the information contained herein is true and complete to the best of my knowledge and belief, and I hereby agree to comply with the requirements set forth in section 38a-799 of the Connecticut General Statutes.

Authorized signature of Applicant

Date

Print Applicant signature name and title

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Remember:

Did you fully complete the application?

Did you sign and date the application?

Have you included your check?

Has the appointment information been completed by the insurance company whom you will represent, and is it attached to this application?