



**THE SALVATION ARMY SOUTHERN TERRITORY
THQ RISK MANAGEMENT SERVICES**

RENTAL/LOANER VEHICLE INSURANCE REQUEST

DATES/START: _____ END: _____

APPOINTMENT: _____

ADDRESS: _____

Please check one: _____ Less than 2 weeks _____ 2 Weeks or More

REASON FOR RENTAL or LOANER (CHRISTMAS, SUMMER, VEHICLE IN SHOP, ETC...) _____

(OFFICIAL SALVATION ARMY USE ONLY – NO PERSONAL USE)

NAME OF RENTAL COMPANY: _____

TYPE OF VEHICLE (SEDAN, TRUCK, VAN): _____

(Rental of 15 Passenger vans are not authorized)

*****IF RENTAL IS FOR 2 WEEKS OR MORE – Please fill out this section**

MAKE & MODEL OF VEHICLE: _____

PASSENGERS: _____ YEAR: _____ VIN #: _____

OFFICER/EMPLOYEE (Driver): _____

(Must be approved Driver on Salvation Army List)

TELEPHONE (OFFICE): _____ DATE: _____

SIGNATURE OF OFFICER: _____

ALL INFORMATION MUST BE RECEIVED IN RISK MANAGEMENT DEPARTMENT BEFORE VEHICLE IS INSURED

IN CASE OF ACCIDENT, PLEASE FILE ACCIDENT REPORT WITH CHESTERFIELD SERVICES AND SPECIFY THIS IS A RENTAL VEHICLE

THERE IS NO CHARGE FOR RENTAL VEHICLES **LESS THAN TWO WEEKS**. THE LOCATION WILL BE BILLED (2) TWO MONTHS MINIMUM PREMIUMS FOR VEHICLE RENTALS OF **TWO WEEKS OR MORE**. RISK MANAGEMENT MUST BE NOTIFIED BEFORE VEHICLE IS RENTED. IF WE ARE NOT NOTIFIED, THE LOCATION WILL BE RESPONSIBLE FOR ANY REPAIRS.

EMAIL FORM TO: riskrentalvehicles@uss.salvationarmy.org