



**Utah Youth Soccer Association
Auto Rental Program**

This additional coverage provides needed liability protection for the “driver” when renting a vehicle to transport players to covered activities sanctioned on behalf of your state association (i.e. tournaments). Travel must be within a 100 mile radius of the rental location and within the United States, its territories and possessions, Puerto Rico and Canada. Primary limits of liability are \$1,000,000 each accident. The completed application must be returned to Pullen Insurance Services **at least four (4) business days prior** to the commencement of a rental so MVR’s can be cleared on all drivers. Contact Pullen Insurance Services at (866) 738-6100 with any questions.

Name of Youth Soccer Association/Club: _____

Name of Individual Responsible for Rental & Premium Payment: _____

Mailing Address: _____

Phone Number: (____) _____ **E-mail Address:** _____

Number of Vehicles Rented (Private Passenger Cars and Vans): _____

Complete the following information for all drivers of rented vehicles:

<u>Name</u>	<u>Driver’s License #</u>	<u>State of Issuance</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date(s) of Rental: _____

Rental City & State: _____

- Exclusions:**
- Rental of 15 passenger vans.
 - Physical Damage (comprehensive/collision) coverage on rental vehicle.
 - Operation of vehicle by someone not listed as a driver.
 - Any driver under 25 years of age.

Premium Cost: \$90 per vehicle **for the term of the rental not to exceed 5 days** payable by credit card.

Making Your Payment:

I authorize Pullen Insurance Services, Inc. to charge my premium payment to my credit card in the amount of \$_____

Card number: _____ Expiration date: _____
VISA MASTERCARD AMERICAN EXPRESS

Reference number (last 3 digits on back of card): _____ Card Billing Zip Code: _____

Print name (as on card): _____

Cardholder signature: _____

THIS IS ONLY FOR GENERAL INFORMATION AND NONE OF THE ABOVE SHALL AMEND OR ALTER THE INSURANCE CONTRACT. THE WORDING OF THE POLICY CONSTITUTES THE ONLY AGREEMENT BETWEEN THE INSURED AND THE INSURANCE COMPANY. CONSULT YOUR POLICY FOR COVERAGE EXCLUSIONS.

<i>Application may be returned to our office via:</i>		
Fax	Email	Mail
(817) 738-2993	ppullen@pullenins.com	6300 Ridglea Place, Suite 614 Fort Worth, Texas 76116