

Rental Agency Supplemental Insurance Declaration

Renter Information

Full Name:

Address:

Phone Number:

Rental Details

Rental Start Date:

Rental End Date:

Vehicle Make/Model:

Supplemental Insurance Coverage

- ☐ Collision Damage Waiver (CDW)
- ☐ Personal Accident Insurance (PAI)
- ☐ Theft Protection (TP)

Declaration:

Signature:

Date:

Submit