RMA INSURANCE

2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

SHORT TERM AUTO RENTAL FORM
(RENTALS 30 DAYS OR LESS)

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms. .
2. Provide a copy of the rental agreement
3. Sign and date the completed form.

GENERAL INFORMATION

MEMBER NAME: **MEMBER NO.:**

MAILING ADDRESS: **POSTAL CODE:**

CONTACT PERSON: **PHONE NO.:**

EMAIL:

RENTAL INFORMATION

1. Effective date to be added: _____
2. Date to be returned: _____

*You must notify us on the date the vehicle is returned in order for it to be deleted. Otherwise, it will be charged for time on risk.

YEAR	MAKE/MODEL	SERIAL #	EQUIPMENT USE	VALUE

LOSS PAYABLE INFORMATION

Loss payable to: _____

Name: _____ Province: _____

Address: _____ Phone: _____

City: _____ Postal Code: _____

RMA INSURANCE

2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

SHORT TERM AUTO RENTAL FORM
(RENTALS 30 DAYS OR LESS)

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION
(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE