

**Arizona Department Of Insurance  
APPLICATION FOR A RENTAL CAR AGENT LICENSE**

**FORM L-RCA**

1. A firm or corporation must formally establish itself as a business entity BEFORE submitting this application. Please see paragraphs B through 4 of the accompanying instructions for details.
2. **CAREFULLY READ THE ENCLOSED INSTRUCTIONS. Your application must be printed in ink or typed.**
3. Complete BOTH SIDES of this form and fulfill all other requirements shown in the attached instructions.
4. Send application and fee payment together with other required materials to the following address:

**INSURANCE LICENSING SECTION, 2910 N. 44TH STREET # 210, PHOENIX, AZ 85018-7269**

**SECTION I: BUSINESS INFORMATION**

<b>Full Name of Applicant</b> (If intending to use an assumed name or d.b.a. name, also see instructions)		<b>FEIN #</b>	
<b>Physical</b> street address of record (may not be P.O. box)		City	State      Zip Code
Mailing address to appear on license (if left blank, box B address will appear on license)*		City	State      Zip Code
Telephone Number	* The physical street address may not be a post office box. The mailing address may be a post office box if desired. <b>NOTE: If the applicant shall transact business at locations other than the physical address identified in Section I, applicant must attach form L-LOC.</b>		
Fax Number (optional)	E-mail Address (optional)		

**SECTION II: INSURANCE COMPANY INFORMATION** ARS § 20-331(E)(6) prohibits a rental car agent from offering or selling insurance as a rental car agent unless the insurance is provided under a group or master policy issued to the rental company by an insurer authorized to transact the applicable kinds or types of insurance in this state or by a surplus lines insurer in accordance with Chapter 2, Article 5, Title 20, ARS. In the space provided below, list the names and NAIC numbers of the insurers which will issue the group or master policies to the rental car agent.

<b><u>EXACT, FULL NAME OF INSURANCE COMPANY</u></b> (If more space is required, attach a list)	<b><u>NAIC Number</u></b>
1.	
2.	
3.	

**SECTION III: PRINCIPALS OF THE FIRM/CORPORATION** List the names and titles of the firm's principals, including all owners with a 10% or greater share of voting rights excluding ownership in publicly held securities, directors and officers if a corporation, partners if a partnership, members and managers if a limited liability company, trustees if a trust, and owners, stockholders and employees if for a bail bond agent license. Attach a signed and dated list if additional space is needed.

Name:	Title:
Name:	Title:
Name:	Title:

**SECTION IV: BUSINESS LOCATIONS** ARS § 20-331(B) requires you to specify all locations in Arizona at which you may conduct business under your license. Use Form L-LOC to report additional locations (including rental company offices or other rental sites) within Arizona from which business will be conducted under this license. **IMPORTANT:** Subsequent to the approval of a rental car agent license, the Department must receive thirty days' prior notice before a rental car agent conducts business under the license at any additional location.

<b>SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY</b>		
<b>License Type:</b> _____ <b>License Number:</b> _____ <b>Issued Date:</b> ____/____/____ <b>Expiration Date:</b> ____/____/____ <b>Exam Passed:</b> ____/____/____ <b>Approved for Licensing by:</b> _____	<input type="checkbox"/> 56: Quad (\$120.00)	
	# _____ \$ _____	# _____ \$ _____



## INSTRUCTIONS FOR FORM L-RCA

Rental Car Agent License

- Carefully read the instructions and review your application before submitting it.** The instructions describe additional forms or documents that may need to be submitted with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.
- Clearly print in ink or type all information and sign the application in ink.**
- QUESTIONS?** Before calling the Department of Insurance, please see if the answer to your question can be found in the PRODUCERS page of the Department of Insurance Internet web site: <http://www.azinsurance.gov>

**Questions that are not addressed on our Internet web site may be directed to the Insurance Licensing Section:**

- E-mail: [Licensing@azinsurance.gov](mailto:Licensing@azinsurance.gov)
- Fax: 602-364-4460
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

- Retain these instructions for your records.** Do not submit these instructions with your license application.

- Send your application materials and fees to:**  
INSURANCE LICENSING SECTION, 2910 N 44<sup>TH</sup> ST # 210, PHOENIX, ARIZONA 85018-7269

**A. Fees** . You must pay a **\$120.00 NON-REFUNDABLE** fee [ARS § 20-167(B)] made payable to **INSURANCE LICENSING SECTION** with your license application. The fee amount is subject to change. For the correct fee, download the most current version of Form L-RCA from the Department of Insurance web site ([www.azinsurance.gov](http://www.azinsurance.gov)).

**B. Organizational documents.** Submit the following documents based on the applicant's business type:

1. A **corporation or limited liability company** applying as a **resident** must:

Submit with the application a copy of the **articles of incorporation** or **articles of organization** that were stamped as "filed" with the Arizona Corporation Commission or, if organized outside Arizona, stamped as "filed" with the official office in which incorporation was effected. To obtain a resident license, the articles must list an Arizona address as the primary business location unless your resident state does not issue a self-service storage agent license.

- a. If organized outside Arizona, obtain from the Arizona Corporation Commission [(602) 542-3135] an "**Application for Authority to Transact Business in Arizona.**" After receiving approval from the Corporation Commission, submit with the license application a copy of the filed and numbered approval.
- b. If organized in Arizona or holding foreign authority for more than one year when the application is filed, attach a copy of the latest filed "**Certificate of Disclosure**" or an original "**Certificate of Good Standing**" from the Arizona Corporation Commission as evidence that the applicant is in good standing.

2. **A general partnership** must submit with the application a copy of the written **partnership agreement** that was stamped as “recorded” in the office of an Arizona county recorder, or if organized outside Arizona, stamped as “recorded” with the official office in which the partnership was recorded. The business to be transacted, subject to issuance of the license, must be within the scope of the agreement.
  3. **A limited partnership** must submit with the application a copy of the **certificate of registration** from the Arizona Secretary of State.
  4. **A business trust** must include a copy of the filed and recorded trust agreement.
- C. Assumed Name (or DBA).** While conducting insurance business, you must use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name. To use an assumed name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office ([www.azsos.gov](http://www.azsos.gov), or 602-542-6187) to prevent the name from being claimed by others (and relinquished by you). The Department may deny the use of an assumed business name if the name is being used by another licensee, or if the name could mislead or deceive the public as to the nature of the business that is to be transacted..
- D. Send or deliver the completed application materials with required fee to**

**INSURANCE LICENSING SECTION  
Arizona Department of Insurance  
2910 North 44th Street # 210  
Phoenix, AZ 85018-7269**

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.