



RENTAL CAR AGENT PREMIUM HANDLING AUTHORITY

As required by WAC 284-17B-050,

_____ acknowledges:
Insurer name

- (1) The premiums collected by _____
Rental Car Agent
as its car rental agent in connection with an associated consumer transaction will not be received in a fiduciary capacity,
- (2) The premiums will be itemized but not collected separately from the charges in the associated consumer transaction, and
- (3) The premiums need not be segregated from money received in the associated consumer transaction.

Insurer _____

By _____
Officer of the insurer

Name (printed or typed) _____

Title _____

Date _____

Physical address: 5000 Capitol Boulevard, Tumwater, WA 98501

US postal address: PO Box 40255, Olympia, WA 98504

Phone: 360-725-7144

www.insurance.wa.gov