



DATE: _____ SIGNATURE: _____

NOTE: Your insurance will become effective upon payment of the entire premium, acceptance of the risk and compliance will all states specific laws and regulations.

PHYSICAL DAMAGE INFORMATION

- 7. Annual Mileage: (a) Club functions miles: _____ (b) Other purposes miles: _____
8. Is car in restoration shop at this time? [] Yes [] No Where? _____
9. Name of Antique or Classic car club to which you belong. (If not a club member, describe use of vehicle)
10. List names of all drivers and their ages in household:
11. List cars used for daily transportation: Personal Cars: _____ Company Cars: _____
12. Are antique or classic auto(s) listed on this application garaged: [] Yes [] No
13. Construction of garage: [] Cinder Block [] Brick/Stone [] Frame [] Other _____
14. Location(s) of garage(s): Same as mailing address [] Yes [] No Other address: _____
15. Has manufacturer's rated horsepower been changed or has car been modified: [] Yes [] No If yes, explain below:

Please be advised that the policy contains a provision that the primary usage is for parades, exhibitions, club activities or other functions of public interest and the automobile(s) is only occasionally used for other purposes. Application cannot be considered until above information is supplied.

PRODUCER NAME: _____ PRODCUCER CODE: _____

Important Notice Regarding the Fair Credit Reporting Act: In making this application for insurance it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, person characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information of the nature and scope on the Consumer Report which may be requested, ask your agent for the address of the Company handling your account.

Date: _____ Applicant Signature: _____

Applicable in New Jersey: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Applicable in Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. OHIO H.B, 347.

Applicable in Pennsylvania: Any person who knowingly and with intent to injure or defraud an insurer files and application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Applicable in Virginia: Read your policy. The policy of insurance for which this application is being made, if issued may be cancelled without cause at the option of the insurer at any time in the first 60 days during which it is in effect, and at any time thereafter for reason stated in this policy.

Date: _____ Authorized Signature: _____

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