



**ANTIQUE AUTOMOBILE APPLICATION**

**VEHICLE LIABILITY INFORMATION**

Date: \_\_\_\_\_

1. Name (Applicant): \_\_\_\_\_

2. DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Operator License Number: \_\_\_\_\_ No. of Antique autos owned: \_\_\_\_\_

4. List all losses in the past three years and moving violations. Include: Date-Cause-Payment: \_\_\_\_\_

5. The following coverages are available. Indicate those desired by placing an "X" in the proper boxes

Liability (\$100,000 single limit) Bodily Injury and Property Damage. Annual Rates: 1<sup>st</sup> car \$15.00, 2<sup>nd</sup> \$10.00, 3<sup>rd</sup> \$5.00

Uninsured Motorist – Rates as required by your State. Car 1 \$\_\_\_\_\_ Car 2 \$\_\_\_\_\_ Car 3 \$\_\_\_\_\_

Liability (\$300,000 single limit) Bodily Injury and Property Damage. Annual Rates: 1<sup>st</sup> Car \$20.00, 2<sup>nd</sup> \$14.00, 3<sup>rd</sup> \$8.00

Medical Payments of \$1,000: 1<sup>st</sup> Car \$4.00, 2<sup>nd</sup> car \$3.00, 3<sup>rd</sup> car \$2.00

All units in excess of three – NO CHARGE FOR ABOVE COVERAGES.

Physical Damage (Comprehensive Includes Fire & Theft) - Annual Rate - \$0.35 per \$100.00 of insurance for each vehicle  
NO DEDUCTIBLE. Vehicle 25 yrs. Or older

Physical Damage (Collision) – Annual Rate - \$0.35 per \$100.00 of insurance for each vehicle  
NO DEDUCTIBLE. Vehicle less than 25 yrs. old

(Note- Collision is not written as a singular coverage but is available with Comprehensive)

Physical Damage (Comprehensive Includes Fire & Theft) - Annual Rate - \$0.70 per \$100 of amount of insurance for each vehicle.  
NO DEDUCTIBLE. Vehicle less than 25 yrs. old

Physical Damage (Collision) – Annual Rate - \$0.70 per \$100.00 of amount of insurance for each vehicle.  
NO DEDUCTIBLE. Vehicle less 25 yrs. old

6. Date this coverage is to be effective: \_\_\_\_\_ Policy Minimum Premium \$50.00

**ANTIQUE AUTOS TO BE INSURED**

We Require: 1. COLOR PHOTO of all vehicles listed 2. APPRASIAL for each vehicle valued at \$25,000 or over.

YEAR	MAKE	BODY TYPE, SERIES OR MODEL	V.I.N. SERIAL OR MOTOR NUMBER	PRESENT VALUATION

Use separate sheet for additional cars to be insured.

**NOTE:** Unless otherwise shown, the autos listed above will be insured as indicated under item 3.

My vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods. If you are a resident FL, PA, or NJ, please send copy of daily use car policy.

475 PARK AVENUE SOUTH 17<sup>TH</sup> FLOOR  
NEW YORK, NY 10016  
T 212-702-3300 F 212-702-3333  
[WWW.VENTURAINSURANCE.COM](http://WWW.VENTURAINSURANCE.COM)





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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