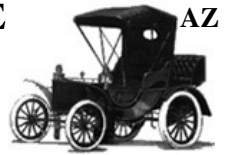




# APPLICATION FOR ANTIQUE & CLASSIC AUTO INSURANCE



Phone: 1-800-345-8290 – Toll Free

www.jctaylor.com

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all Licensed Drivers in household:

DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
1.)					
2.)					
3.)					

Attach a separate sheet for additional drivers.

\* If company car, check (✓)  ↑

**The following coverages are available. Indicate your selections by placing an "X" in the proper box.** **All Rates are Annual Rates.**

- |  | <u>TOTAL</u> |
|--|--------------|
| <input type="checkbox"/> Liability Coverage-\$40,000 Single Limit Bodily Injury & Property Damage-1 <sup>st</sup> Car \$13.00, 2 <sup>nd</sup> \$9.00, 3 <sup>rd</sup> \$4.00 Additional vehicles-no charge.   | \$ _____     |
| <input type="checkbox"/> Liability Coverage-\$100,000 Single Limit Bodily Injury & Property Damage-1 <sup>st</sup> Car \$15.00, 2 <sup>nd</sup> \$10.00, 3 <sup>rd</sup> \$5.00 Additional vehicles-no charge.   | _____        |
| <input type="checkbox"/> Liability Coverage-\$300,000 Single Limit Bodily Injury & Property Damage-1 <sup>st</sup> Car \$20.00, 2 <sup>nd</sup> \$14.00, 3 <sup>rd</sup> \$8.00 Additional vehicles-no charge.   | _____        |
| <input type="checkbox"/> Liability Coverage – Other limits available. Please contact customer service for limits and rates _____   | _____        |
| <input type="checkbox"/> Medical Payments – \$1,000 Limit - 1 <sup>st</sup> Car \$4.00, 2 <sup>nd</sup> \$3.00, 3 <sup>rd</sup> \$2.00. Additional vehicles – no charge.   | _____        |
| <input type="checkbox"/> *Uninsured Motorists - \$40,000 Single Limit Liability - 1 <sup>st</sup> Car \$6.00, 2 <sup>nd</sup> \$6.00, 3 <sup>rd</sup> \$6.00. Additional vehicles – no charge.   | _____        |
| <input type="checkbox"/> *Underinsured Motorists - \$40,000 Single Limit Liability - 1 <sup>st</sup> Car \$1.00, 2 <sup>nd</sup> \$1.00, 3 <sup>rd</sup> \$1.00. Additional vehicles – no charge.  | _____        |
| <input type="checkbox"/> *Uninsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:<br>1 <sup>st</sup> Car _____ 2 <sup>nd</sup> Car _____ 3 <sup>rd</sup> Car _____ Additional vehicles – no charge.    | _____        |
| <input type="checkbox"/> *Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:<br>1 <sup>st</sup> Car _____ 2 <sup>nd</sup> Car _____ 3 <sup>rd</sup> Car _____ Additional vehicles – no charge. | _____        |

Note: This UM/UIM limit may be less than but may not exceed your regular auto policy UM/UIM limits.

\* Arizona selection form must be completed for selection or rejection of these coverages.

- Physical Damage – Other than Collision (Comprehensive) Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older \_\_\_\_\_  
 – Annual Rates - \$0.70/hundred for Vehicles less than 25 years old \_\_\_\_\_
- Physical Damage – Collision Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older \_\_\_\_\_  
 – Annual Rates - \$0.70/hundred for Vehicles less than 25 years old \_\_\_\_\_

Note: Collision Coverage is only available with Other than Collision (Comprehensive) Coverage Total Annual Premium \$ \_\_\_\_\_

**Requested effective date of coverage \_\_\_\_\_ Minimum Policy Premium is \$50.00**

### ANTIQUÉ AUTOS TO BE INSURED\*\*

We require: 1) Recent **color photo** of **each** vehicle listed, 2) **Appraisal** for each vehicle valued in excess of \$30,000, and 3) Payment in full at the time of submission of this application

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGISTRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	
4)					Yes No	
5)					Yes No	

Use separate sheet for additional cars to be insured.

\*\* These 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.

**Important! See other side for additional questions and required signature.**

Broker Information (if applicable)	
Agency Name _____	
Address _____	
City _____ State _____ Zip _____	
Phone _____ Fax _____	
Email _____ I.D.# _____	

To properly expedite the handling of your application, please answer the following questions. Explain in detail for the necessary questions.

- 1. Have you or any driver in your household had any auto losses or moving violations in the past 3 years? If Yes, explain. Include: Date-Cause-Payment.
2. Will you be using your antique/classic car as a means of daily transportation, errands, or back-up?
3. Do you belong to an automobile club? If yes, which club?
4. Has (will) the body, engine, or drive train of the antique/classic auto been(be) changed? If yes, explain
5. Has the manufacturer's horsepower for your auto been changed? If yes, explain
6. Is any auto currently under restoration? If yes, a.) What is the expected date of completion? b.) If in shop, list name and address
7. Are all antique/classic auto(s) garaged?
8. Construction of garage: Cinder Block Brick/Stone Frame Other (explain)
9. What is the annual mileage? (a) Club functions miles (b) Other purposes miles

Fraud Statement

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

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.

There is no coverage until specific notification is made by J.C. Taylor.

Signature of Applicant(s) Date

Table with 2 main columns: Increased Uninsured Motorist - Bodily Injury Limits and Underinsured Motorist - Bodily Injury Limits. Each column has sub-columns for 1st Car, 2nd Car, 3rd Car, and Additional. Includes a note: Higher limits available. Please contact customer service for limits and rates.

PRODUCER NAME J.C. Taylor PRODUCER CODE 37-6790-999

Underwritten by the Foremost Insurance Company (Member of the worldwide Zurich Financial Services Group with offices and claim facilities in principal U.S. Cities)

To effect insurance, we require payment of entire premium, completed forms, photos, compliance with state regulations and our acceptance of risk. There is no coverage until the producer or applicant is notified by JC Taylor.

Check List table with 2 columns: Item description and status (checkbox). Items include: Signed, fully completed application; Recent, color photo of each vehicle; Check for full premium; Appraisal for vehicles over \$30,000; Signed state option forms (if applicable).

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE  
SELECTION/REJECTION - ARIZONA**

**DO NOT SIGN UNTIL YOU READ**

You have a legal right to purchase **both** Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured Motorists Coverage provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorists coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured and Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase **both** Uninsured and Underinsured Motorists coverages in any amount from \$40,000 single limit up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \_\_\_\_\_

Options available for Uninsured and Underinsured Motorists coverages:

<b>UNINSURED MOTORISTS LIABILITY COVERAGE</b>		<b>UNDERINSURED MOTORISTS LIABILITY COVERAGE</b>	
<small>Initial</small>	I do not wish to purchase <u>Uninsured</u> Motorists Coverage.	<small>Initial</small>	I do not wish to purchase <u>Underinsured</u> Motorists Coverage.
<small>Initial</small>	I select the following <u>Uninsured</u> Motorists Coverage limits:	<small>Initial</small>	I select the following <u>Underinsured</u> Motorists Coverage limits:
	<b>Limits</b>		<b>Limits</b>
	<b>Annual Premium</b>		<b>Annual Premium</b>
<input type="checkbox"/>	\$ 40,000	<input type="checkbox"/>	\$ 40,000
<input type="checkbox"/>	\$ 100,000	<input type="checkbox"/>	\$ 100,000
<input type="checkbox"/>	\$ 300,000	<input type="checkbox"/>	\$ 300,000
<input type="checkbox"/>	\$ 500,000	<input type="checkbox"/>	\$ 500,000
<input type="checkbox"/>	\$ 1,000,000	<input type="checkbox"/>	\$ 1,000,000

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

**DO NOT SIGN UNTIL YOU READ**

Signature of Applicant or Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Applicant or Named Insured (Please print) \_\_\_\_\_ Policy Number \_\_\_\_\_