

\*\*\*We Can Only Quote Your Insurance If You Live In Texas!!!\*\*\*

# MetLife Auto & Home®

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

## COLLECTIBLE VEHICLE APPLICATION

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. ATTACH PHOTOGRAPHS ALL 4 SIDES, INTERIOR & ENGINE. PLEASE INCLUDE FULL PREMIUM.  
 \*\* PLEASE NOTE: THERE IS NO COVERAGE UNTIL CONDON & SKELY HAS ACCEPTED THE RISK, RECEIVED PAYMENT, AND ISSUED THE POLICY.\*\*

### CONDON & SKELY INSURANCE AGENCY (800-257-9496)

**THIS IS NOT A BINDER**

Applicant's Name:			FOR OFFICE USE ONLY:
Mailing Address:			
Occupation:	Business Telephone:	Home Telephone:	
Policy Number:	Effective Date:		
Social Security Number (The providing of this information is optional):	<input type="checkbox"/> New Business Application	<input type="checkbox"/> Change to Current Policy	

### VEHICLE USAGE

1. Are your collectible vehicles used for any purposes other than car club, hobby activities or an occasional pleasure drive? If Yes, for what purposes? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any collectible vehicles used for racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any collectible vehicles used for commercial purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any collectible vehicles used for backup or substitute transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What purpose are the collectible vehicles driven for? _____	
6. What is the approximate annual miles to be driven? _____	

### DRIVER INFORMATION Complete for all licensed drivers in the household

Driver No.	Name (As shown on license)	Gender	Marital	Birthdate	No. Years Lic.	License Number
1						
2						
3						

1. How many licensed drivers are in the household (include youthful drivers)? \_\_\_\_\_

2. Please list vehicles used as daily transportation for each driver in the household.

Year	Make	Is this a company car?	If yes, do you own the company?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Has any driver in the household had an accident or violation in the past three years? In Oregon, report only if convicted.  Yes  No

4. Has any driver in the household had his/her licensed revoked in the past three years?  Yes  No

5. Are regular household cars on a  Business Auto Policy  Personal Auto Policy in your name?  
 Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_

If Yes to either question above, please complete below:

Driver Name	Describe Violation/Accident/Revocation	MM/DD/YY	Did Your Co. Pay?	Amount of Claim Payment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GENERAL INFORMATION

1. Are all collectible vehicles kept in completely enclosed, locked garage(s)? Please note: All vehicles must be garaged.  Yes  No  
 Garage location: Address \_\_\_\_\_ State \_\_\_\_\_  
 Brick  Frame  Burglar Alarm  Fire Alarm

2. Which clubs or associations do you currently belong? \_\_\_\_\_

3. List any awards/national points won with your collectible vehicle: \_\_\_\_\_

4. Is your collectible vehicle currently insured?  Yes  No  
 If Yes, with what company \_\_\_\_\_

### REMARKS

**VEHICLE TYPES**

A = Original Stock Vehicles  
 B = Modified Vehicles and Street Rods  
 C = Concours Vehicle. Original or Modified Vehicle with minimum value of 20,000 and in excellent condition or better.

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
1								
Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No    State vehicle is registered? _____    Who is the principal driver of this vehicle? _____ Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Who is vehicle registered to? _____ If Yes, loss payee name: _____    Address: _____  Is the condition of your collectible vehicle    Show    Excellent    Good    Fair    Existing Damage Regarding the Restoration of your collectible vehicle    Previously Restored    Under Restoration    Date of Completion    Not Restoring What was restored?    Frame off    Cosmetic    Engine    Detail    Other: _____ List vehicle options which may affect value _____								

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
2								
Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No    State vehicle is registered? _____    Who is the principal driver of this vehicle? _____ Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Who is vehicle registered to? _____ If Yes, loss payee name: _____    Address: _____  Is the condition of your collectible vehicle    Show    Excellent    Good    Fair    Existing Damage Regarding the Restoration of your collectible vehicle    Previously Restored    Under Restoration    Date of Completion    Not Restoring What was restored?    Frame off    Cosmetic    Engine    Detail    Other: _____ List vehicle options which may affect value _____								

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
3								
Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No    State vehicle is registered? _____    Who is the principal driver of this vehicle? _____ Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Who is vehicle registered to? _____ If Yes, loss payee name: _____    Address: _____  Is the condition of your collectible vehicle    Show    Excellent    Good    Fair    Existing Damage Regarding the Restoration of your collectible vehicle    Previously Restored    Under Restoration    Date of Completion    Not Restoring What was restored?    Frame Off    Cosmetic    Engine    Detail    Other: _____ List vehicle options which may affect value _____								

**COVERAGES**

A. Bodily Injury/Property Damage	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____	
B. Medical Payments	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> Other _____	
C. Uninsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____	
D. Underinsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____	
E. Personal Injury Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Additional		
F. Towing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
G. Glass Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
H. Comprehensive (excluding Collision)	<input type="checkbox"/> 0 Deductible	<input type="checkbox"/> 100 Deductible	<input type="checkbox"/> 250 Deductible <input type="checkbox"/> 500 Deductible	
I. Comprehensive and Collision	<input type="checkbox"/> 0 Deductible	<input type="checkbox"/> 100 Deductible	<input type="checkbox"/> 250 Deductible <input type="checkbox"/> 500 Deductible	
<b>Multi Vehicle Discount</b>				
<b>State Fee or Taxes</b>				
<b>TOTAL PREMIUM:</b>				

**Uninsured Motorists Coverage**

I acknowledge I have been offered Uninsured Motorists coverage up to the limit(s) of my Bodily Injury Liability coverage, I have selected the limits indicated in this application. I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

**IF YOU NEED MORE SPACE TO ANSWER ANY QUESTION ABOVE, PLEASE ATTACH A SEPARATE SHEET.**

## STATE EXCEPTIONS

**Kansas: IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:**  
A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph; or  
A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.

## REGULATORY AND POLICY WARNINGS

### Limitations of Use – For Antique and Modified Vehicles

The covered auto(s) must be an antique vehicle or a collectible vehicle. It must be used mainly for hobby activities or as part of a private collection. Occasional use of the auto for other reasons is permitted. However, those reasons DO NOT include the following:

#### For Authentic Antique Vehicles

(1) NORMAL DRIVING – For example, you may not use the vehicle to drive to or from work or school, to shop or as a substitute vehicle. (2) RACING – We won't cover loss or damage while the vehicle is being raced. (3) ALTERED VEHICLE – The vehicle may not be altered in any way from its original condition. A vehicle is considered altered if it is not constructed or restored with original type parts. (4) ANNUAL MILEAGE – Your annual mileage cannot exceed 2,500 miles unless you receive prior written authorization from Condon & Skelly. (5) BUSINESS or COMMERCIAL USE.

#### For Specialty Modified Vehicles

(1) RACING – We won't cover loss or damage while the vehicle is being raced. (2) BUSINESS or COMMERCIAL USE.

#### For Concours Vehicles

(1) NORMAL DRIVING – For example, you may not use the vehicle to drive to or from work or school, to shop or as a substitute vehicle. (2) RACING – We will not cover loss or damage while the vehicle is being raced. (3) BUSINESS or COMMERCIAL USE.

## FRAUD WARNINGS

**Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York Fraud Warning:** Any Person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to (NY: substantial) criminal and civil penalties.

**California Fraud Warning:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Colorado Fraud Warning:** 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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware Fraud Warning:** A person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana Fraud Warning:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Maine Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Notice of Possible Cancellation:** The insurer may elect to cancel coverage at any time during the first 59 days following issuance of the coverage for any reason which is not specifically prohibited by statute.

**New Mexico Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York Automobile Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Ohio Fraud Warning:** 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.

**Oklahoma Fraud Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**SIGNATURE**

I understand that coverage becomes effective only upon acceptance of the risk by Condon & Skelly, payment of premium and issuance of policy. I understand there is a \$50.00 minimum earned premium.

Applicant's Statement – I authorize you or any consumer reporting agency to check my driving record, claim history and to obtain and release information about my prior losses or claims. I understand that this information may be obtained from third parties, such as consumer reporting agencies, I also authorize you to share with others information about my claims record while insured with you. If you should find any information that adversely affects my ability to obtain insurance, I understand that you will notify me that I can have any inaccuracies corrected. I understand that any information you collect on me will be used by you for personal insurance underwriting purposes. I agree that this authorization shall be valid for one year from the date shown below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

Send to: Condon & Skelly Collectible Vehicle Insurance, Suite 203, 121 East Kings Highway, Maple Shade, NJ 08052 (800-257-9496)

\*\*\*PLEASE NOTE: THERE IS NO COVERAGE UNTIL CONDON & SKELLY HAS ACCEPTED THE RISK, RECEIVED PAYMENT AND ISSUED THE POLICY\*\*\*

**BROKER/AGENT** Must Complete Below

Producer's/Broker's License Number:		If you are a non-resident agent, please provide non-resident license number:	
Agency: Texas Partners Insurance Group & Financial Services, LLC		Are you a MetLife Auto & Home agent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 14887 Hwy 105 W., Suite 102	City: Montgomery	State: TX	Zip Code: 77356
Agency Phone: 866-839-2745	Agent Fax: 832-201-9806	Direct or Agency Bill: Direct	
Contact: Kyle E. Hern	Signature: _____		Date: _____

WA agent please send copy of broker's license.

**REMEMBER TO SEND THE FOLLOWING:**

- 1. Photos (color) all 4 sides, interior and engine
- 2. Premium in full (did you sign your check?)
- 3. Application completed and signed (include supplemental form)
- 4. Copy of your Personal Auto Policy declaration page

**SEND TO:**

Condon & Skelly  
121 East King's Highway, Suite 203  
Maple Shade, New Jersey 08052  
1-800-257-9496  
(856) 234-3434

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