



# 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-\$55,000 Single Limit Bodily Injury & Property Damage-1 <sup>st</sup> Car \$10.00, 2 <sup>nd</sup> \$6.00, 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 – \$500 Limit - 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"/> Personal Injury Protection (PIP) – Basic - 1 <sup>st</sup> Car \$4.00, 2 <sup>nd</sup> \$3.00, 3 <sup>rd</sup> \$2.00 Additional vehicles-no charge.                                  | _____        |

See table on back for additional limits and rates.

- \*Uninsured/Underinsured Motorists - \$55,000 Single Limit Bodily Injury & Property Damage - 1<sup>st</sup> Car \$6.00, 2<sup>nd</sup> \$6.00, 3<sup>rd</sup> \$6.00. Add'l vehicles – no charge. \_\_\_\_\_
- \*Uninsured/Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the additional premium:  
 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.

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

- Physical Damage – Other than Collision (Comprehensive) Coverage – \$0.35/hundred for Antique Vehicles 25 years or older  
 No Deductible – \$0.70/hundred for Collectible Vehicles (15-24 years old) \_\_\_\_\_
- Physical Damage – Collision Coverage – \$0.35/hundred for Antique Vehicles 25 years or older  
 No Deductible – \$0.60/hundred for Collectible Vehicles (15-24 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	Texas Partners Insurance Group
Address	25329 I-45 N. Suite 101
City	The Woodlands State TX Zip 77380
Phone	281-419-9053 Fax 832-201-9806
Email	kehern@sbcglobal.net I.D.# 42-9400-972

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. \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_
2. Will you be using your antique/classic car as a means of daily transportation, errands, or back-up? \_\_\_ Yes \_\_\_ No
3. Do you belong to an automobile club? If yes, which club? \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_
4. Has (will) the body, engine, or drive train of the antique/classic auto been(be) changed? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
5. Has the manufacturer's horsepower for your auto been changed? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
6. Is any auto currently under restoration? If yes, a.) What is the expected date of completion? \_\_\_\_\_ \_\_\_ Yes \_\_\_ No  
b.) If in shop, list name and address \_\_\_\_\_
7. Are **all** antique/classic auto(s) garaged? \_\_\_ Yes \_\_\_ No
8. Construction of garage: Cinder Block \_\_\_ Brick/Stone \_\_\_ Frame \_\_\_ Other (explain) \_\_\_\_\_  
Location(s) of garage(s) a.) Same as mailing address? Yes \_\_\_ No \_\_\_  
If No, list full garage address \_\_\_\_\_
9. What is the annual mileage? (a) Club functions miles \_\_\_\_\_ (b) Other purposes miles \_\_\_\_\_  
Explain other purposes use \_\_\_\_\_

**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 \_\_\_\_\_

<u>Medical Payments</u>					<u>Personal Injury Protection (PIP)</u> Increased Limits				
<u>Increased Limits</u>	<u>1<sup>st</sup> Car</u>	<u>2<sup>nd</sup> Car</u>	<u>3<sup>rd</sup> Car</u>	<u>Add'l Cars</u>	<u>Benefits - Max Limit</u>	<u>1<sup>st</sup> Car</u>	<u>2<sup>nd</sup> Car</u>	<u>3<sup>rd</sup> Car</u>	<u>Add'l Cars</u>
<input type="checkbox"/> \$1,000	\$2.00	\$2.00	\$2.00	No Charge	<input type="checkbox"/> \$2,500	Basic Premium included on front of application.			
<input type="checkbox"/> \$2,500	\$3.00	\$3.00	\$3.00	No Charge	<input type="checkbox"/> \$5,000	\$11.00	\$10.00	\$9.00	No Charge
<input type="checkbox"/> \$5,000	\$4.00	\$4.00	\$4.00	No Charge	<input type="checkbox"/> \$10,000	\$19.00	\$18.00	\$17.00	No Charge
<input type="checkbox"/> \$10,000	\$6.00	\$6.00	\$6.00	No Charge					
<u>Uninsured/Underinsured Motorists (UM/UIM)-Bodily Injury and Property Damage</u>									
Increased Limits					Add to Basic UM/UIM Premium on front of application				
			<u>1<sup>st</sup> Car</u>	<u>2<sup>nd</sup> Car</u>	<u>3<sup>rd</sup> Car</u>	<u>Additional Cars</u>			
<input type="checkbox"/> \$100,000 Single Limit Liability			\$4.00	\$4.00	\$4.00	No Charge			
<input type="checkbox"/> \$300,000 Single Limit Liability			\$6.00	\$6.00	\$6.00	No Charge			
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.

<u>Check List ( ✓ )</u>			
<input type="checkbox"/>	Signed, fully completed application	<input type="checkbox"/>	Recent, color photo of each vehicle
<input type="checkbox"/>	Check for full premium	<input type="checkbox"/>	Appraisal for vehicles over \$30,000
<input type="checkbox"/>	Signed state option forms (if applicable)		

**UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE  
SELECTION/REJECTION - TEXAS**

**Uninsured Motorists Coverage Offer**

Your policy provides "bodily injury" and "property damage" uninsured motorists coverage that includes underinsured motorists coverage equal to the state's financial responsibility limits. "Property damage" uninsured motorists coverage is subject to a \$250 deductible. You may reject "bodily injury" and "property damage" uninsured motorists coverage that includes underinsured motorists coverage or select higher limits of coverage, but not more than the "bodily injury" and "property damage" liability limit on your policy.

Please select one of the following options:

- I select "bodily injury" and "property damage" uninsured motorists equal to the state's minimum limit of \$55,000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$100,0000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$300,0000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$500,0000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$1,000,0000.
- I reject "bodily injury" and "property damage" uninsured motorists coverage entirely.

I understand that my selection/rejection applies to all of the vehicles on my policy, including any additional or replacement vehicles that I may add in the future. If I select another option at some future time, I must let the company or my agent know in writing.

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

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

**PERSONAL INJURY PROTECTION REJECTION - TEXAS**

Your policy shall provide Personal Injury Protection Coverage. You have the right under Texas law to reject this coverage in writing.

I hereby reject Personal Injury Protection Coverage entirely.

I understand that my rejection applies to all of the vehicles on my policy including any vehicles that I may add in the future, and to all subsequent renewals of my policy, unless I request a change of coverage in writing.

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

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