



# APPLICATION FOR ANTIQUE & CLASSIC AUTO INSURANCE



**J.C. Taylor Antique Automobile Agency, Inc.**

320 South 69<sup>th</sup> Street, Upper Darby, PA 19082

Phone: 1-800-345-8290 – Toll Free Fax: 610-853-0114 www.JCTaylor.com

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

Street \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

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 vehicle, check (✓) ↑

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

- |                                                                                                                                                                                                                                                                                        |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                                                                                                                                                                                                                                                                                        | <b>TOTAL</b> |
| <input type="checkbox"/> Liability Coverage- \$85,000 Single Limit Bodily Injury & Property Damage - 1 <sup>st</sup> Vehicle \$18.20, 2 <sup>nd</sup> \$10.90, 3 <sup>rd</sup> \$7.30 Additional vehicles-no charge.                                                                   | \$ _____     |
| <input type="checkbox"/> Liability Coverage- \$100,000 Single Limit Bodily Injury & Property Damage - 1 <sup>st</sup> Vehicle \$27.30, 2 <sup>nd</sup> \$18.20, 3 <sup>rd</sup> \$9.10 Additional vehicles-no charge.                                                                  | _____        |
| <input type="checkbox"/> Liability Coverage- \$300,000 Single Limit Bodily Injury & Property Damage - 1 <sup>st</sup> Vehicle \$36.40, 2 <sup>nd</sup> \$25.50, 3 <sup>rd</sup> \$14.60 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> Vehicle \$1.80, 2 <sup>nd</sup> \$1.80, 3 <sup>rd</sup> \$1.80. Additional vehicles – no charge.                                                                                                             | _____        |
| <input type="checkbox"/> *Personal Injury Protection (PIP) – Basic - 1 <sup>st</sup> Vehicle \$7.30, 2 <sup>nd</sup> \$5.50, 3 <sup>rd</sup> \$3.60 Additional vehicles-no charge.<br>See table on back for additional limits and rates.                                               | _____        |
| <input type="checkbox"/> *Uninsured/Underinsured Motorists - \$85,000 Single Limit Bodily Injury & Property Damage - 1 <sup>st</sup> Vehicle \$10.90, 2 <sup>nd</sup> \$10.90, 3 <sup>rd</sup> \$10.90. Add'l veh. – no charge                                                         | _____        |
| <input type="checkbox"/> *Uninsured/Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:<br>1 <sup>st</sup> Vehicle _____ 2 <sup>nd</sup> Vehicle _____ 3 <sup>rd</sup> Vehicle _____ Additional vehicles – no charge. | _____        |
| *Selection/Rejection forms may be required – see attached.                                                                                                                                                                                                                             |              |
| <input type="checkbox"/> Physical Damage – Other than Collision (Comprehensive) Coverage – \$0.35/hundred for Antique Vehicles 25 years or older<br>No Deductible _____<br>– \$0.70/hundred for Collectible Vehicles (15-24 years old) _____                                           | _____        |
| <input type="checkbox"/> Physical Damage – Collision Coverage – \$0.35/hundred for Antique Vehicles 25 years or older<br>No Deductible _____<br>– \$0.60/hundred for Collectible Vehicles (15-24 years old) _____                                                                      | _____        |
| Note: Collision Coverage is only available with Other than Collision (Comprehensive) Coverage                                                                                                                                                                                          |              |
| <input type="checkbox"/> Towing & Roadside Assistance – \$12.00 per Policy (Only available with Collision Coverage)                                                                                                                                                                    | _____        |
| Total Annual Premium \$ _____                                                                                                                                                                                                                                                          |              |

**Requested effective date of coverage \_\_\_\_\_ Minimum Policy Premium is \$75.00**

**ANTIQUÉ VEHICLES TO BE INSURED\*\***

We require: 1) Recent **color photo** of each vehicle listed, & 2) 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 vehicles 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.**

<b>Broker / Producer Information (if applicable)</b>	
Producer Name <u>Texas Partners Insurance Group</u>	
Address <u>15001 Walden Rd., Suite 215C</u>	
City <u>Montgomery</u>	State <u>TX</u> Zip <u>77356</u>
Phone <u>936-588-2202</u>	Fax <u>936-309-0050</u>
E-mail <u>kehern@sbcglobal.net</u>	I.D.# <u>42-9400-972</u>
PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL J.C. TAYLOR OR THE INSURER BINDS COVERAGE.	

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.
2. Will you be using your antique/classic vehicle 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 vehicle been(be) changed?
5. Has the manufacturer's horsepower for your vehicle been changed? If yes, explain
6. Is any vehicle currently under restoration? If yes, a.) What is the expected date of completion?
7. Are all antique/classic vehicle(s) garaged?
8. Construction of garage: Cinder Block, Brick/Stone, Wood 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.

- 1. I agree that the insurer may secure and review consumer reports, including motor vehicle reports or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives.
2. I declare that the information contained in this application is true to the best of my knowledge and belief.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. I understand my producer is submitting this application to an appointed agency of an insurer, and that my producer does not have binding authority with the insurer.

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 sections: Medical Payments and Personal Injury Protection (PIP). Medical Payments table has columns for Increased Limits, 1st Vehicle, 2nd Vehicle, 3rd Vehicle, and Add'l Veh. PIP table has columns for Benefits - Max Limit, 1st Vehicle, 2nd Vehicle, 3rd Vehicle, and Add'l Veh.

Table for Uninsured/Underinsured Motorists (UM/UIM)-Bodily Injury and Property Damage. Columns include Increased Limits, 1st Vehicle, 2nd Vehicle, 3rd Vehicle, and Additional Veh.

To reject UM/UIM or PIP coverages, please use state Selection/Rejection Form. Higher limits of \$500,000 and \$1 million available upon request and with further underwriting review and copy of daily car policy. Please contact customer service for rates.

APPOINTED AGENCY J.C. Taylor APPOINTED AGENCY CODE 37-6790-999

Underwritten by Foremost Insurance Company Grand Rapids, Michigan

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 J.C. Taylor.

Check List table with 2 columns: Item description and status (checkbox). Items include Signed, fully completed application; Signed state Selection/Rejection forms; Recent, color photo of each vehicle.

**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 \$85,000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$100,000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$300,000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$500,000.
- I select "bodily injury" and "property damage" uninsured motorists at a limit of \$1,000,000.
- 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 \_\_\_\_\_