

MTX-1

# APPLICATION FOR MODIFIED AUTO INSURANCE

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

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

1-877-HOT-RODS (1-877-468-7637) 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 selection by placing an "X" in the proper box. All Rates are Annual Rates.**

- |  | <u>TOTAL</u> |
|--|--------------|
| <input type="checkbox"/> Liability Coverage - \$85,000 Single Limit Bodily Injury & Property Damage-1 <sup>st</sup> Vehicle \$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> Vehicle \$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> Vehicle \$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> Vehicle \$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 \$2,500 Limit- 1 <sup>st</sup> Vehicle \$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.   |              |
| <input type="checkbox"/> *Uninsured/Underinsured Motorists - \$85,000 Single Limit Bodily Injury & Property Damage - 1 <sup>st</sup> Vehicle \$6, 2 <sup>nd</sup> \$6, 3 <sup>rd</sup> \$6. Add'l vehicles – no charge.  | _____        |
| <input type="checkbox"/> *Uninsured/Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the additional premium:<br>1 <sup>st</sup> Vehicle _____ 2 <sup>nd</sup> Vehicle _____ 3 <sup>rd</sup> Vehicle _____ Additional vehicles – no charge. | _____        |
| * Selection/Rejection form may be required.  |              |
| Physical Damage – Collectible Autos: Custom/Modified, Street Rods  |              |
| <input type="checkbox"/> Other than Collision (Comprehensive – includes fire and theft) - \$0.65 per \$100 of Insurance Agreed Value (with \$250 Deductible)   | _____        |
| <input type="checkbox"/> Collision - \$0.55 per \$100 of Insurance Agreed Value (with \$250 Deductible)  | _____        |
| 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 \$150.00**

### MODIFIED VEHICLES TO BE INSURED\*\*

We require: 1) Recent **color photos** (4) of each vehicle listed, 2) **Appraisal** for each vehicle valued in excess of \$40,000, 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 REGIS-TRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	
4)					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	Texas Partners Insurance Group
Address	15001 Walden Rd., Suite 215C
City	Montgomery State TX Zip 77356
Phone	936-588-2202 Fax 936-309-005
E-mail	kehern@sbcglobal.net I.D.# 42-9400-972
PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL J.C. TAYLOR OR THE INSURER BINDS COVERAGE.	

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

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. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Include: Date-Cause-Payment. \_\_\_\_\_
2. Will you be using your modified vehicle as a means of daily transportation, errands, or back-up? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are the vehicles used in any racing events? If yes, explain? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are the vehicles currently insured? Insurance Company: \_\_\_\_\_ Yes \_\_\_\_\_ No
5. What is the annual mileage? (a) Club functions miles \_\_\_\_\_ (b) Other purposes miles \_\_\_\_\_ Explain \_\_\_\_\_
6. Is any vehicle 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** modified vehicle(s) garaged? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Construction of garage:  Cinder Block  Brick/Stone  Wood Frame  Other (explain) \_\_\_\_\_  
Location(s) of garage(s) a.) Same as mailing address?  Yes  No If No, list full garage address \_\_\_\_\_
9. Do you own any Antique or Classic vehicles? \_\_\_\_\_ Yes \_\_\_\_\_ No

**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 investigate and secure consumer reports, including motor vehicle reports for persons listed in the application. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy for each future renewal or replacement policy.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
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. I understand I will not have coverage until I am informed by the appointed agency or the insurer that coverage is bound or issued.
5. I agree that the Company and its affiliates may use any telephone number I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

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				
Increased Limits	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle	3 <sup>rd</sup> Vehicle	Add'l Veh.	Benefits - Max Limit	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle	3 <sup>rd</sup> Vehicle	Add'l Veh.
<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> Vehicle</u>	<u>2<sup>nd</sup> Vehicle</u>	<u>3<sup>rd</sup> Vehicle</u>	<u>Additional Vehs</u>			
<input type="checkbox"/> \$100,000 Single Limit			\$4.00	\$4.00	\$4.00	No Charge			
<input type="checkbox"/> \$300,000 Single Limit			\$6.00	\$6.00	\$6.00	No Charge			

To reject UM/UIM or PIP coverages, please use the 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 37-6791-999

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 JC Taylor.

<u>Check List ( ✓ )</u>			
( )	Signed, fully completed application	( )	Check for full premium
( )	Signed state Selection/Rejection Forms	( )	Appraisal for vehicles over \$40,000
( )	4 Recent, color photo of each vehicle. Photos may be e-mailed to <a href="mailto:service@jctaylor.com">service@jctaylor.com</a> Date Photos E-mailed: _____		

## J.C. TAYLOR MODIFIED AUTOMOBILE AGENCY, INC. SUPPLEMENTAL VEHICLE INFORMATION

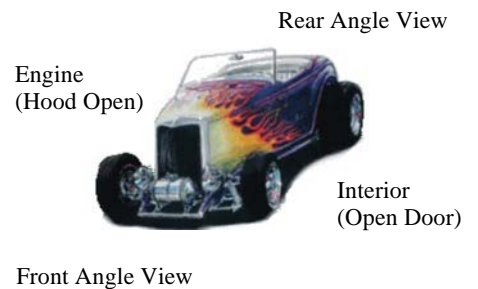
Please estimate the values as best you can for each vehicle being submitted.

<b>Applicant:</b> _____ <b>Vehicle:</b> _____	
(Please Print)	
<b>Engine:</b>	Stock <input type="checkbox"/> Yes <input type="checkbox"/> No    Cubic Inches _____    Horsepower: _____ Nitrous Oxide <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Modifications:   <div style="text-align: right;">Value: _____</div>
<b>Body Style:</b>	Describe any enhancements & modifications:  List any fiberglass parts:  Does the vehicle have a roll cage? <input type="checkbox"/> Yes <input type="checkbox"/> No    Lift Kit ? <input type="checkbox"/> Yes <input type="checkbox"/> No    Value: _____
<b>Wheels &amp; Tires:</b>	Describe any specialty wheels & tires:   <div style="text-align: right;">Value: _____</div>
<b>Exterior Paint:</b> Maximum Limit 40% of the agreed value of the vehicle.	Describe any custom paint used: _____    Date last painted? (MO/YR) ____/____  Value: _____ <input type="checkbox"/> I accept the maximum limit for exterior paint coverage of 40% of the agreed value of the vehicle.
<b>Interior:</b>	Air conditioner <input type="checkbox"/> Yes <input type="checkbox"/> No    Other: _____ Power Windows <input type="checkbox"/> Yes <input type="checkbox"/> No Sound Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No    Value: _____
<b>Options &amp; Equipment:</b>	List special options & approximate value:   <div style="text-align: right;">Value: _____</div>
* Detailed appraisal required for values over \$40,000. * Descriptive bill of sale for recently purchased vehicles.	
<b>*Total Value:</b> _____	

VEHICLE CONDITION						
Ratings:	1 = Not Restored	2 = Major Defect	3 = Average Condition			
	4 = Slight Defect	5 = Show Condition				
ITEMS EVALUATED						Comments
Exterior Paint	1	2	3	4	5	_____
Exterior Body	1	2	3	4	5	_____
Tires	1	2	3	4	5	_____
Exhaust System	1	2	3	4	5	_____
Chrome Trim	1	2	3	4	5	_____
Wheels	1	2	3	4	5	_____
Glass	1	2	3	4	5	_____
Upholstery/Carpets	1	2	3	4	5	_____
Engine	1	2	3	4	5	_____
OVERALL CONDITION	1	2	3	4	5	_____
<div style="display: flex; justify-content: space-between;"> <span style="font-weight: bold;">SIGNATURE:</span> _____                             <span style="font-weight: bold;">DATE:</span> _____                         </div>						

### REQUIREMENTS

Need 4 color pictures as indicated below



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