

AUTO PHYSICAL DAMAGE APPLICATION

Agent's Name: _____
 Agency Name: _____
 Agency Address: _____

CUSTOMER INFORMATION

Named Insured: _____ Date of Birth: _____ Requested Effective Date of Policy: _____
 Is Named Insured a Corporate Entity? YES NO Does the Insured have a *High Profile* occupation? YES NO

PRIMARY GARAGING ADDRESS

Street Address: _____ City: _____
 State: _____ Zip: _____ Country: _____
 Risk Location a Condominium/Apartment? YES NO
 What other security features does this garaging address have to protect the car collection?
 ___ Centrally Monitored Burglar & Fire alarms ___ Automatic Fire Suppression System
 ___ Gated Home/Community ___ Video Surveillance ___ Residential Safe for Car Keys
 Mailing Address same as Garaging Location? YES NO

ADDITIONAL GARAGING ADDRESS

Street Address: _____ City: _____
 State: _____ Zip: _____ Country: _____
 Risk Location a Condominium/Apartment? YES NO
 What other security features does this garaging address have to protect the car collection?
 ___ Centrally Monitored Burglar & Fire alarms ___ Automatic Fire Suppression System
 ___ Gated Home/Community ___ Video Surveillance ___ Residential Safe for Car Keys
 Mailing Address same as Garaging Location? YES NO
 Any additional Garaging Addresses? YES NO

OPERATOR SCHEDULE

First & Last Name: _____ Date of Birth: _____
 Driver's License State of issuance: _____ License Number: _____
 Occupation: _____
 In the last 5 years, what are the total number of violations and automobile property damage claims for this operator? _____

ADDITIONAL OPERATOR

First & Last Name: _____ Date of Birth: _____
 Driver's License State of issuance: _____ License Number: _____
 Occupation: _____
 In the last 5 years, what are the total number of violations and automobile property damage claims for this operator? _____
 Are there any additional operators you need to add? YES NO
 If YES, please clarify: _____

COLLECTION SCHEDULE

Primary physical damage carrier for this vehicle: _____
 What is the basis of loss settlement with the primary physical damage carrier? _____
 Annual Miles Driven for THIS VEHICLE: _____
 VIN: _____ Model Year: _____
 Make/Manufacturer: _____ Model: _____
 Requested Agreed Value: _____

ADDITIONAL VEHICLE

Primary physical damage carrier for this vehicle: _____
 What is the basis of loss settlement with the primary physical damage carrier? _____
 Annual Miles Driven for THIS VEHICLE: _____
 VIN: _____ Model Year: _____
 Make/Manufacturer: _____ Model: _____
 Requested Agreed Value: _____
 Any additional vehicles you need to add to this collection? YES NO
 If YES, please clarify number of vehicles: _____

IN THE LAST FIVE YEARS, HAVE ANY DRIVERS LISTED ABOVE:

Had their driver's license suspended or revoked? YES NO Had a physical or mental impairment? YES NO
 Had a foreclosure, repossession or bankruptcy? YES NO Been charged or convicted of fraud? YES NO

Applicant's Signature: _____ Date: _____