



APPLICATION FOR ANTIQUE & CLASSIC AUTO INSURANCE



J.C. Taylor Antique Automobile Agency, Inc.

320 South 69th 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.**

Liability Coverage-\$100,000 Single Limit Bodily Injury & Property Damage-1st Vehicle \$19.50, 2nd \$13.00, 3rd \$6.50 Additional vehicles - \$1.30 \$ _____

Liability Coverage-\$300,000 Single Limit Bodily Injury & Property Damage-1st Vehicle \$26.00, 2nd \$18.20, 3rd \$10.40 Additional vehicles - \$2.60. _____

Liability Coverage – Other limits available. Please contact customer service for limits and rates _____

Mandatory – Property Protection Insurance (PPI) - 1st Vehicle \$3.90, 2nd \$3.90, 3rd \$3.90. Additional vehicles – no charge. _____

Mandatory – Basic Personal Injury Protection (PIP) – 1st Vehicle \$5.20, 2nd \$3.90, 3rd \$2.60. Additional vehicles - \$1.30 each
Please see table on back or contact customer service for other PIP options and deductibles. PIP forms may be required – see attached. _____

*Uninsured Motorists - \$40,000 Single Limit Liability - 1st Vehicle \$7.80, 2nd \$7.80, 3rd \$7.80. Additional vehicles – \$1.30 each. _____

*Uninsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium:
1st Vehicle _____ 2nd Vehicle _____ 3rd Vehicle _____ Additional vehicles – _____ each
* Selection/Rejection form may be required – see attached. _____

Mandatory – Michigan Catastrophic Claim Association (MCCA) fee of \$175[†] per registered vehicle with liability coverage.
If your collector vehicle is registered "Historic", you qualify for the reduced fee of \$35[†] per vehicle. See below:
Yes, I confirm that vehicle(s) #: _____ are Historically registered and qualify for the reduced MCCA surcharge
[†] Includes MI Auto Theft Prevention Authority Fee: \$1 per vehicle (Mandatory) _____

Physical Damage – Other than Collision (Comprehensive) Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older
– Annual Rates - \$0.70/hundred for Vehicles less than 25 years old _____

Physical Damage – Standard Collision Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older
– Annual Rates - \$0.70/hundred for Vehicles less than 25 years old _____

Note: Collision Coverage is only available with Other than Collision (Comprehensive) Coverage.
If you wish to purchase Limited Collision coverage, please contact customer service.

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)	HISTORICAL	REGULAR
1)					* Yes No	H	R
2)					* Yes No	H	R
3)					* Yes No	H	R

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.

Broker / Producer Information (if applicable)

Producer Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ I.D.# _____

PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL J.C. TAYLOR OR THE INSURER BINDS COVERAGE.

* Circle H or R for each car

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? b.) If in shop, list name and address
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 Explain

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 for persons listed in the application.
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.
5. I agree that the insurer and its affiliates may use any telephone number, including any cell phone 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

Table with 2 main columns: Uninsured Motorists (UM)-Bodily Injury and Underinsured Motorists (UIM)-Bodily Injury. Rows include Increased Limits and vehicle-specific options.

Higher limits available. Please contact customer service for limits and rates.

Personal Injury Protection (PIP) Option

If you have medical coverages (other than Medicare) and/or work loss coverage that you want to use instead of your auto PIP coverage, you may elect to make your PIP coverage excess or you can choose to use a deductible option. Contact customer service for the details.

To reject UM/UIM 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 and 3 rows. Items include: Signed, fully completed application; Signed state Selection/Rejection forms; Recent, color photo of each vehicle.

**PERSONAL INJURY PROTECTION COVERAGE
WAIVER OF WORK LOSS BENEFITS FORM - MICHIGAN**

Michigan Law gives insured age 60 and older the right to waive coverage for work loss benefits if they would not be eligible to receive such benefits under Section 3107(1)(b).

I am 60 years of age or older and have reviewed my Work Loss Benefits and elect to waive this coverage from my Auto policy. I understand that by signing this waiver, I am giving up the right to receive payment under this policy for lost wages in the event of accidental bodily injury.

Applicant/Named Insured

Policy Number

Signature of Applicant/Named Insured

Date

The following members of the named insured's household are 60 years of age or older and elect to waive Work Loss Benefits Coverage from this policy:

Family Member

Family Member

Family Member

**MICHIGAN
COORDINATION OF BENEFITS - PERSONAL INJURY PROTECTION**

TO QUALIFY FOR PERSONAL INJURY PROTECTION WITH COORDINATION OF BENEFITS THE APPLICANT MUST BE ABLE TO ANSWER THE FOLLOWING IN THE AFFIRMATIVE: DO YOU HAVE HEALTH INSURANCE? YES NO IF YES, GIVE EXACT NAMES OF INSURER(S).

Applicant or Named Insured (Please print) _____ Policy Number _____

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE-
SELECTION/REJECTION FORM - MICHIGAN**

Uninsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

Underinsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

SELECTION OR REJECTION OF COVERAGE

UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

Uninsured Bodily Injury Coverage must be offered to you at limits up to your Single Liability Limit. You have the option of selecting lower limits or rejecting this coverage. The limit you select may not exceed your Single Liability Limit. Indicate your selection here:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> Reject |

I understand and agree that the selections above apply to my liability insurance. If I select another option at some future time, I must let the company know in writing. I understand that if I do not make a selection above, my policy will be issued with Uninsured and Underinsured Motorists Coverage equal to my Single Liability Limit.

Signature of Applicant or Named Insured _____ Date _____

Applicant or Named Insured (Please print) _____ Policy Number _____