

High Value Auto Physical Damage - Application



NAME OF APPLICANT:

AGENCY INFORMATION:

MAILING ADDRESS:

AGENT PHONE NUMBER:

AGENT EMAIL ADDRESS:

GARAGING ADDRESS FOR AUTOMOBILE(S):

Primary Physical Damage Coverage
If primary, provide prior carrier information:

Excess Physical Damage Coverage
If Excess, provide underlying carrier and limits on
Page 3 of application in the Remarks Section.

NAMED DRIVERS: All drivers must be listed and approved in order for coverage to be afforded under the policy.

Driver #	Name	Date of Birth	Marital Status	Occupation	# year(s) licensed in USA	License #
1						
2						
3						
4						
5						

- Do any of the drivers engage in **automobile racing** of any kind, including rallies and/or rally racing?
 YES NO If yes, please provide details: _____
- How many **alcoholic beverages** do you consume per week on average? _____
- Have any of the drivers insurance ever been **Declined or cancelled**? YES NO
If so, state Insurance Company and reason: _____
- Are you currently taking any **medications or drugs** that could reasonably be expected to negatively impact your ability to operate a vehicle? YES NO
If yes, please provide details: _____

ACCIDENT INFORMATION:

- Has any driver shown above had an accident, regardless of fault, or been convicted of a moving violation with the last 5 years? YES NO
If yes, indicate below. Also include comprehensive insurance losses.

Driver #	Date of Accident or Conviction	At fault?	Description of Accident or Conviction	BI or Death YES NO	Place of Accident/ Conviction	Amount Paid/ Reserved
1						
2						
3						

VEHICLE INFORMATION:

#	Year	Make and Model	Serial Number (VIN)	Purpose	Annual Mileage	Cost New	Actual Value
1							
2							
3							
4							
5							

PROTECTIVE DEVICES:

#	Vehicle Kept in Locked Garage?	Garage Alarmed?	Vehicle Alarmed?	Describe type of Vehicle Alarm	Describe any vehicle modifications
1					
2					
3					
4					
5					

1. Requested Deductible: _____

2. Do any of the autos have any **existing damage** of any kind? [] YES [] NO

If so, provide vehicle # and describe damage: _____

3. Has the agent physically inspected all vehicles? [] YES [] NO

DRIVER/VEHICLE ASSIGNMENTS:

VEHICLE #	For each vehicle, please list all drivers (use the corresponding Driver # above)
1	
2	
3	
4	
5	

LIENHOLDER/LOSS PAYEE INFORMATION:

Vehicle #	Lienholder/Loss Payee	Address

ADDITIONAL REMARKS:

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with the terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

Signature of Applicant:_____

Date:_____