

Ironshore Indemnity Inc.®
IRONSHORE
your safe harbour

A Property and Casualty Insurance Company

CONCOURS CLASSIC - APPLICATION

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. ATTACH PHOTOGRAPHS ALL 4 SIDES, INTERIOR & ENGINE. PLEASE INCLUDE FULL PREMIUM.

** PLEASE NOTE: THERE IS NO COVERAGE UNTIL IRONSHORE INDEMNITY, INC. HAS ACCEPTED THE RISK, RECEIVED PAYMENT, AND ISSUED THE POLICY.**

CONDON & SKELLY (800-257-9496)**THIS IS NOT A BINDER**

Applicant's Name:			FOR OFFICE USE ONLY:
Mailing Address:			
Occupation:	Email :	Home Telephone:	
	Cell Phone:	Business Phone:	
Policy Number:	Effective Date:		
			<input type="checkbox"/> New Business Application <input type="checkbox"/> Change to Current Policy

VEHICLE USAGE

1. Are your collectible vehicles used for any purposes other than car club, hobby activities or an occasional pleasure drive? If Yes, for what purposes? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any collectible vehicles used for racing? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any collectible vehicles used for commercial purposes? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Lay-up period - December, January, February & March (applies to all vehicles except Restoration Vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any collectible vehicles used for backup or substitute transportation? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. What purpose are the collectible vehicles driven for? _____	
7. What is approximate annual miles to be driven for each vehicle? _____	

DRIVER INFORMATION Complete for all licensed drivers in the household

Driver No.	Name (As shown on license)	Gender	Marital	Birthdate	No. Years Lic.	License Number
1						
2						
3						

1. How many licensed drivers are in the household (include youthful drivers)? _____

2. Please list vehicles used as daily transportation for each driver in the household.

Year	Make	Is this a company car? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you own the company? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Has any driver in the household had an accident or violation in the past three years? In Oregon, report only if convicted. ☐ Yes ☐ No

4. Has any driver in the household had his/her licensed revoked in the past three years? ☐ Yes ☐ No

5. Are regular household cars on a ☐ Business Auto Policy ☐ Personal Auto Policy in your name?

6. Personal/Business Policy Number: _____ Insurance Company Name: _____

If Yes to either question above, please complete below:

Driver Name	Describe Violation/Accident/Revocation	MM/DD/YY	Did Your Co. Pay?	Amount of Claim Payment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION

1. Are all collectible vehicles kept in completely enclosed, locked garage(s)? Please note: All vehicles must be garaged. Garage location: Address _____ State _____ <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Which clubs or associations do you currently belong? _____	
3. Is your collectible vehicle currently insured? If Yes, with what company _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS

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VEHICLE TYPES:	AV = Antique Vehicle	SV = Specialty Vehicle	TV = Trailer Vehicle	RV = Restoration Vehicle
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Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
#1								

Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, loss payee name: _____	State vehicle is registered? _____ Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is vehicle registered to? _____ Address: _____	Who is the principal driver of this vehicle? _____
Is the condition of your collectible vehicle Regarding the Restoration of your collectible vehicle What was restored? List vehicle options which may affect value _____		
Show Previously Restored Frame off	Excellent Under Restoration Cosmetic	Good Date of Completion Engine Detail
Fair Existing Damage Not Restoring Other: _____		

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
#2								

Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, loss payee name: _____	State vehicle is registered? _____ Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is vehicle registered to? _____ Address: _____	Who is the principal driver of this vehicle? _____
Is the condition of your collectible vehicle Regarding the Restoration of your collectible vehicle What was restored? List vehicle options which may affect value _____		
Show Previously Restored Frame off	Excellent Under Restoration Cosmetic	Good Date of Completion Engine Detail
Fair Existing Damage Not Restoring Other: _____		

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Veh. Type	Agreed Value	Odometer
#3								

Is vehicle registered or will be within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Is vehicle registered historical? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a replacement vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a loss payee on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, loss payee name: _____	State vehicle is registered? _____ Is registrant a business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the registered owner a named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is vehicle registered to? _____ Address: _____	Who is the principal driver of this vehicle? _____
Is the condition of your collectible vehicle Regarding the Restoration of your collectible vehicle What was restored? List vehicle options which may affect value _____		
Show Previously Restored Frame off	Excellent Under Restoration Cosmetic	Good Date of Completion Engine Detail
Fair Existing Damage Not Restoring Other: _____		

COVERAGES

A. Bodily Injury/Property Damage	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	
B. Medical Payments	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> Other		
C. Uninsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	
D. Underinsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	
E. Personal Injury Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Additional	<input type="checkbox"/> Not applicable		
F. Comprehensive	<input type="checkbox"/> 0 Deductible	<input type="checkbox"/> 100 Deductible	<input type="checkbox"/> 250 Deductible	<input type="checkbox"/> 500 Deductible	<input type="checkbox"/> 1000 Deductible
G. Collision	<input type="checkbox"/> 0 Deductible	<input type="checkbox"/> 100 Deductible	<input type="checkbox"/> 250 Deductible	<input type="checkbox"/> 500 Deductible	<input type="checkbox"/> 1000 Deductible
H. Electronic equipment Limit not permanently installed, tapes and other media up to \$5,000 (\$1,000 automatic)	\$ _____				
I. Spare Parts and Tool Limit (\$1,000 applies in base form) Higher limits available up to \$5,000	\$ _____				
Multi Vehicle Discount					
Lay-up Discount					
State Fee or Taxes					
TOTAL PREMIUM					

Uninsured Motorists Coverage
 I acknowledge I have been offered Uninsured Motorists coverage up to the limit(s) of my Bodily Injury Liability coverage, I have selected the limits indicated in this application. I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

STATE EXCEPTIONS

Kansas: IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:
A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph; or
A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.

REGULATORY AND POLICY WARNINGS

Limitations of Use – For Antique and Specialty Vehicles

The covered auto(s) must be used mainly for hobby activities or as part of a private collection. Occasional use of the auto for other reasons is permitted. However, those reasons DO NOT include the following:

- (1) NORMAL DRIVING – For example, you may not use the vehicle to drive to or from work or school, to shop or as a substitute vehicle.
- (2) RACING – We won't cover loss or damage while the vehicle is being raced, except vehicles involved in club sponsored timed events such as road rallies.
- (3) ALTERED VEHICLE – For Antique vehicles only: The vehicle may not be altered in any way from its original condition. A vehicle is considered altered if it is not constructed or restored with original type parts.
- (4) ANNUAL MILEAGE – Your annual mileage cannot exceed 2,500 miles for antique vehicles, or 7,500 for Specialty vehicles unless you choose the UNLIMITED Mileage option or receive prior written authorization from Condon & Skelly.
- (5) BUSINESS or COMMERCIAL USE or REGULAR USE

FRAUD WARNINGS

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO ARKANSAS AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS - WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

SIGNATURE

I understand that coverage becomes effective only upon acceptance of the risk by IRONSHORE INDEMNITY, INC, payment of premium and issuance of policy. I understand there is a \$95.00 minimum earned premium.
Applicant's Statement – I authorize you or any consumer reporting agency to check my driving record, claim history and to obtain and release information about my prior losses or claims. I understand that this information may be obtained from third parties, such as consumer reporting agencies, I also authorize you to share with others information about my claims record while insured with you. If you should find any information that adversely affects my ability to obtain insurance, I understand that you will notify me that I can have any inaccuracies corrected. I understand that any information you collect on me will be used by you for personal insurance underwriting purposes. I agree that this authorization shall be valid for one year from the date shown below.
Applicant's Signature: _____ Date: _____ Amount of Payment: \$ _____

Send to: Condon & Skelly Collectible Vehicle Insurance, Suite 203, 121 East Kings Highway, Maple Shade, NJ 08052 (800-257-9496)

PLEASE NOTE: THERE IS NO COVERAGE UNTIL IRONSHORE INDEMNITY, INC. HAS ACCEPTED THE RISK, RECEIVED PAYMENT AND ISSUED THE POLICY

BROKER/AGENT Must Complete Below

Producer's/Broker's License Number:		If you are a non-resident agent, please provide non-resident license number:	
Agency: Texas Partners Insurance Group & Financial Services			
Address: P.O. Box 458	City: Spring	State: TX	Zip Code: 77383-0458
Agency Phone: 936-588-2202	Agent Fax: 936-309-0050	Direct or Agency Bill: Direct	
Contact: Kyle E Hern	Signature:		Date:

WA agents please send copy of broker's license.

REMEMBER TO SEND THE FOLLOWING:

- r 1. Photos (color) all 4 sides, interior and engine
- r 2. Premium in full (did you sign your check?)
- r 3. Application completed and signed (include supplemental form)
- r 4. Copy of your Personal Auto Policy declaration page
- r 5. Proof of ownership

SEND TO:

Condon & Skelly
121 East King's Highway, Suite 203
Maple Shade, New Jersey 08052
1-800-257-9496
(856) 234-3434