



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.

- | | <u>TOTAL</u> |
|---|--------------|
| <input type="checkbox"/> Liability Coverage- \$85,000 Single Limit Bodily Injury & Property Damage - 1 st Vehicle \$18.20, 2 nd \$10.90, 3 rd \$7.30 Additional vehicles-no charge. | \$ _____ |
| <input type="checkbox"/> Liability Coverage- \$100,000 Single Limit Bodily Injury & Property Damage - 1 st Vehicle \$27.30, 2 nd \$18.20, 3 rd \$9.10 Additional vehicles-no charge. | _____ |
| <input type="checkbox"/> Liability Coverage- \$300,000 Single Limit Bodily Injury & Property Damage - 1 st Vehicle \$36.40, 2 nd \$25.50, 3 rd \$14.60 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 st Vehicle \$1.80, 2 nd \$1.80, 3 rd \$1.80. Additional vehicles – no charge. | _____ |
| <input type="checkbox"/> *Personal Injury Protection (PIP) – Basic - 1 st Vehicle \$7.30, 2 nd \$5.50, 3 rd \$3.60 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 st Vehicle \$10.90, 2 nd \$10.90, 3 rd \$10.90. Add'l veh. – no charge | _____ |
| <input type="checkbox"/> *Uninsured/Underinsured Motorists (increased limits) – see the table on back for limits and rates and enter the proper premium: | |
| 1 st Vehicle _____ 2 nd Vehicle _____ 3 rd Vehicle _____ Additional vehicles – no charge. | _____ |
| *Selection/Rejection forms may be required – see attached. | |
| <input type="checkbox"/> Physical Damage – Other than Collision (Comprehensive) Coverage – \$0.35/hundred for Antique Vehicles 25 years or older
No Deductible _____ – \$0.70/hundred for Collectible Vehicles (15-24 years old) _____ | _____ |
| <input type="checkbox"/> Physical Damage – Collision Coverage – \$0.35/hundred for Antique Vehicles 25 years or older
No Deductible _____ – \$0.60/hundred for Collectible Vehicles (15-24 years old) _____ | _____ |
| 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 \$75.00

ANTIQUE 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)	STATE OF REGIS- TRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	
4)					Yes No	
5)					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.

Broker / Producer Information (if applicable)

Producer Name Texas Partners Insurance Group

Address 15001 Walden Rd., Suite 215C

City Montgomery State TX Zip 77356

Phone 936-588-2202 Fax 936-309-0050

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.

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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 antique/classic vehicle as a means of daily transportation, errands, or back-up? _____ Yes _____ No
3. Do you belong to an automobile club? If yes, which club? _____ Yes _____ No
4. Has (will) the body, engine, or drive train of the antique/classic vehicle been(be) changed?
If yes, explain _____ Yes _____ No
5. Has the manufacturer's horsepower for your vehicle been changed? If yes, explain _____ Yes _____ No
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** antique/classic 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. 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 or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
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.

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 _____

Medical Payments					Personal Injury Protection (PIP) Increased Limits				
Increased Limits	1 st Vehicle	2 nd Vehicle	3 rd Vehicle	Add'l Veh.	Benefits - Max Limit	1 st Vehicle	2 nd Vehicle	3 rd Vehicle	Add'l Veh.
<input type="checkbox"/> \$1,000	\$3.60	\$3.60	\$3.60	No Charge	<input type="checkbox"/> \$2,500	Basic Premium included on front of application.			
<input type="checkbox"/> \$2,500	\$5.50	\$5.50	\$5.50	No Charge	<input type="checkbox"/> \$5,000	\$20.00	\$18.20	\$16.40	No Charge
<input type="checkbox"/> \$5,000	\$7.30	\$7.30	\$7.30	No Charge	<input type="checkbox"/> \$10,000	\$34.60	\$32.80	\$30.90	No Charge
<input type="checkbox"/> \$10,000	\$10.90	\$10.90	\$10.90	No Charge					
Uninsured/Underinsured Motorists (UM/UIM)-Bodily Injury and Property Damage									
Increased Limits									
	1 st Vehicle		2 nd Vehicle		3 rd Vehicle		Additional Veh.		
<input type="checkbox"/> \$100,000 Single Limit	\$18.20		\$18.20		\$18.20		No Charge		
<input type="checkbox"/> \$300,000 Single Limit	\$21.80		\$21.80		\$21.80		No Charge		

To reject UM/UIM or PIP 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 (✓)			
()	Signed, fully completed application	()	Check for full premium (Payable to J.C. Taylor AAA Inc.)
()	Signed state Selection/Rejection forms (if applicable)	()	Appraisal required when insured value falls outside of standard hobby valuation guides
()	Recent, color photo of each vehicle. Photos may be e-mailed to service@jctaylor.com Date Photos E-mailed: _____		

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 _____