

**COLLECTOR CAR INSURANCE APPLICATION**

**CLIENT INFORMATION**

Name:		Home phone:	
Address:		Home fax:	
City:		Work phone:	
State, Zip:		Work fax:	
Country:		Email:	
Referred by:			

**DRIVER INFORMATION**

Name:		Date of birth:	
License number:		State:	
Name:		Date of birth:	
License number:		State:	
Name:		Date of birth:	
License number:		State:	
Name:		Date of birth:	
License number:		State:	
Name:		Date of birth:	

**VEHICLE INFORMATION**

<b>VEHICLE 1</b>	Year:	Make:	Model:
VIN number:	Primary operator:		
Use:	pleasure <input type="checkbox"/> work <input type="checkbox"/>	One-way miles to work:	
Air bags?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-lock breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-theft device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe:	
<b>VEHICLE 2</b>	Year:	Make:	Model:
VIN number:	Primary operator:		
Use:	pleasure <input type="checkbox"/> work <input type="checkbox"/>	One-way miles to work:	
Air bags?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-lock breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-theft device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe:	
<b>VEHICLE 3</b>	Year:	Make:	Model:
VIN number:	Primary operator:		
Use:	pleasure <input type="checkbox"/> work <input type="checkbox"/>	One-way miles to work:	
Air bags?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-lock breaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>	
Anti-theft device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe:	

Loss INFORMATION			
Any losses/violations in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:
COVERAGE INFORMATION			
Limit of liability (circle one) :	\$300,000	\$500,000	\$1,000,000 (if avail.)
Comprehensive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal threshold? Yes <input type="checkbox"/> No <input type="checkbox"/>
Collision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Preferred effective date of coverage:			
MISCELLANEOUS INFORMATION			
Used for racing, rallying or club events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Driven to and from work or used on errands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does engine, body, drive-train differ from manufacturer's original equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Garaged when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you belong to any automobile clubs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Describe any security systems:			
Total number of licensed operators in household:			
Total number of collector vehicles owned:			
WARRANTY			
I warrant my collector vehicle(s) will be used and maintained for hobby purposes and exhibitions, not for racing, rallying, general transportation or backup transportation.			
Signature:			Date:

Please return completed form to:

**ANTHONY & COMPANY, INC.**  
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