



(To avoid delays in processing, please complete ALL sections.)

PRODUCER:	POLICY NUMBER:
PLEASE PRINT FULL NAME OF INSURED:	EFFECTIVE:

PLEASE ADD DELETE THE FOLLOWING VEHICLES TO MY POLICY: VEH # FROM MY POLICY.

VEHICLE INFORMATION

#	YR	MAKE	MODEL	BODY TYPE	SERIAL/VIN NUMBER	CURRENT ODOM READING	PURCH DATE
1							
2							
3							

	VALUE	ANNUAL MILEAGE	GARAGE ADDRESS (IF DIFFERENT ABOVE)*
1			
2			
3			

GARAGE ARRANGEMENT: RESIDENCE GARAGE RENTAL STORAGE UNIT OTHER - DESCRIBE

GARAGE ALARM DESCRIPTION:

LIENHOLDER (VEH#):

ARE VEHICLES USED FOR ANY PURPOSE OTHER THAN CLUB EVENTS, HOBBY ACTIVITIES OR OCCASIONAL PLEASURE DRIVE? IF SO, PLEASE EXPLAIN IN COMMENTS SECTION. YES NO

ARE THERE ANY MODIFICATIONS OR RESTORATION EFFORTS? IF SO, PLEASE EXPLAIN IN COMMENTS SECTION. YES NO

COVERAGES:		VEHICLE #:	1	2	3
LIABILITY COVERAGE					
MEDICAL PAYMENTS OR PIP COVERAGE					
UNINSURED MOTORISTS COVERAGE					
UNDERINSURED MOTORISTS COVERAGE					
PHYSICAL DAMAGE:	COMPREHENSIVE & COLLISION				
	COMPREHENSIVE ONLY				
	AGREED VALUE				
	DEDUCTIBLE				
	MILEAGE PLAN				

COMMENTS:

ATTACH APPLICABLE PHOTOGRAPHS.

COMPLETE ALL SECTIONS: INSERT "NONE" OR "N/A" WHERE APPROPRIATE.

***Include Alternate Garage Questionnaire**

Insured's Signature