



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.**

TOTAL

Liability Coverage-\$100,000 Single Limit Bodily Injury & Property Damage-1st Vehicle \$27.30, 2nd \$18.20, 3rd \$9.10 Additional vehicles-no charge. \$ _____

Liability Coverage-\$300,000 Single Limit Bodily Injury & Property Damage-1st Vehicle \$36.40, 2nd \$25.50, 3rd \$14.60 Additional vehicles-no charge. _____

Liability Coverage – Other limits available. Please contact customer service for limits and rates _____

Medical Payments – \$1,000 Limit - 1st Vehicle \$7.30, 2nd \$5.50, 3rd \$3.60. Additional vehicles – no charge. _____

*Uninsured Motorists - \$50,000 Single Limit - 1st Vehicle \$10.90, 2nd \$10.90, 3rd \$10.90. Additional vehicles – no charge. _____

(Illinois required financial responsibility limit) (\$50,000 UM Limit does not include UIM)

*Uninsured/Underinsured Motorists (UM/UIM) (increased limits) – see the table on back for limits and rates and enter the additional premium: _____

1st Vehicle _____ 2nd Vehicle _____ 3rd Vehicle _____ Additional vehicles – no charge. _____

* Selection/Rejection form may be required – see attached.

Physical Damage – Other than Collision (Comprehensive) Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older _____
– Annual Rates - \$0.70/hundred for Vehicles less than 25 years old _____

Physical Damage – Collision Coverage – Annual Rates - \$0.35/hundred for Vehicles 25 years or older _____
– Annual Rates - \$0.70/hundred for Vehicles less than 25 years old _____

Note: Collision Coverage is only available with Other than Collision (Comprehensive) Coverage

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

ANTIQUÉ 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 _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____ I.D.# _____
PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL J.C. TAYLOR OR THE INSURER BINDS COVERAGE.

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 to allow the insurer and its representatives to secure and review motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives 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 purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect for one year from the date of my signature. I or my authorized representatives may request a copy of this authorization 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.
5. The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information.

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

Table with 5 columns: Increased Limits, 1st Vehicle, 2nd Vehicle, 3rd Vehicle, Additional Vehicles. Rows include \$100,000 Single Limit, \$300,000 Single Limit, and Uninsured Motorist Property Damage.

To reject UM/UIM 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 table with 4 rows and 4 columns. Row 1: Signed, fully completed application. Row 2: Signed state Selection/Rejection forms (if applicable). Row 3: Recent, color photo of each vehicle. Photos may be emailed to service@jctaylor.com

Notice Of Information Practices Required By State Law

This notice outlines the types of information the Foremost Insurance Group ("Foremost") collect, our methods of investigation and the types of sources that we may use to provide insurance to you. You will receive, or already have received, a notice entitled "Foremost Privacy Notice". Your state gives you additional protections that are explained in this notice. Our information practices, as described in this notice, extend to applicants, policyholders and former policyholders.

Collection Of Information

Much of the information we need from you comes from you when you apply for insurance. Sometimes, however, we may need additional information or may need to verify information you have given us. In those instances, we may contact you, your spouse or another adult member of your household either by phone or by mail.

In addition, we often employ the common insurance industry practice of asking an outside source, called a "consumer reporting agency" or "insurance support organization", to provide us with consumer reports. On occasion, that source may contact you or a neighbor, either by phone or in person, to provide us a report. As the Named Insured, you have the right to request that you or your spouse be contacted for a personal interview that will be part of the report. If this option is chosen, we will make every effort to comply with your request.

We may also obtain information from consumer reporting agencies and other sources for purposes other than underwriting, such as when processing claims, investigating potential fraud, or servicing your account. For example, we may obtain financial information relating to health and employment during the processing of a claim. Please note: information obtained from a report prepared by a consumer reporting agency or insurance support organization may be retained by that organization and disclosed to other persons who use these reports without your authorization.

As required by the Fair Credit Reporting Act, we are notifying you that we may investigate your character, general reputation, personal characteristics and mode of living, whichever are applicable. Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request.

Types of Information Collected

The information that is collected is used to help us decide if you qualify for the insurance for which you have applied and to perform additional insurance functions.

In connection with the underwriting and/or servicing of policies covering your personal vehicles, we may obtain information including information relating to the use of your vehicle(s), ages, drivers, mileage, items relating to the drivers such as personal habits and characteristics, credit information, prior accidents and driving violations, prior arrests or convictions, claims history, and previous insurance experience.

In connection with the underwriting and/or servicing of policies covering your real and personal property, we may obtain information including information relating to construction type, square footage, heating, other physical characteristics of the property, credit information, claims history, and previous insurance experience.

What We Do With The Information We Collect About You

We use the information we collect about you to perform insurance functions, including underwriting and servicing your policy, processing claims, and for other purposes permitted by state and federal law. For example, we may disclose this information, as permitted by law, without your prior authorization, to:

- Agents, brokers or sales representatives
- Adjusters, appraisers, investigators, and attorneys
- Persons or organizations who need the information to perform a business, professional or insurance function for us, such as businesses that help us with data processing or marketing
- Another insurance company or insurance support organization, to detect or prevent criminal activity or fraud in connection with an insurance transaction, or to perform an insurance transaction
- A medical professional or institution:
 - 1) to verify insurance coverage or benefits
 - 2) to inform you of a medical condition of which you may not be aware
 - 3) to conduct an audit
 - 4) to determine whether services were reasonable and necessary

- An insurance regulatory authority
- Law enforcement or other governmental authority
- Persons or organizations conducting actuarial or research studies; however, no individuals will be identified in any report
- Our affiliated companies as described in our Privacy Notice sent to you with your policy
- To respond to an administrative or judicial order, including a search warrant or a subpoena
- A party to a proposed sale, transfer, merger, or consolidation of all or part of the company underwriting your policy

Access and Correction of Information

You have the right to know the contents of any recorded personal information about you that is in our policy or claim records, including any investigative consumer report we have obtained. You also have the right to receive a copy of this personal information and to request that we correct, amend or delete any of the information that you feel is in error.

To exercise either of these rights, you must send us a written request. In your request, please indicate what you believe is incorrect and your reasons. If, after we review the recorded personal information and your request, we determine the requested changes are in order, we will make the changes to our records. If we deny your request, you have the option of filing a statement of the reasons why you disagree with our decision. Your statement will be attached to our records so that any one reviewing the disputed information will see it. Any future disclosures by us will include your filed statement. Whether we can or cannot comply with your request to correct recorded personal information, we will advise you of our decision in writing within 30 days of your request. We will provide a copy of any correction or statement to anyone that you designate who may have received information from us in the past two years.

These rights do not apply to privileged information. This type of information is generally obtained in connection with or when the possibility of a claim or civil or criminal proceeding exists. Privileged information may also be collected when an applicant or Named Insured is suspected of fraud, material misrepresentation or material nondisclosure.

If you file an insurance claim with us involving bodily injury, we may obtain information about your physical or mental condition, medical history, or medical claims history. If your written request asks for this claim information, we will identify who during the previous two years has received or examined the information, and when, to the extent practicable, the information was disclosed.

If you have any questions regarding our information practices, please write to us. For a more rapid response, please include your policy number.

Foremost Insurance Group
 Antique and Modified Auto - Information Practices
 P.O. Box 2047
 Grand Rapids, MI 49501
 Attention: Underwriting

Keeping You Informed

As required by law, we will notify you of our information practices regularly. We reserve the right to modify our practices at any time, when permitted by law.

Signed: Foremost Insurance Company Grand Rapids, Michigan
 Foremost Signature Insurance Company
 Foremost Property and Casualty Insurance Company
 American Federation Insurance Company
 Foremost County Mutual Insurance Company
 Foremost Lloyds of Texas

The above is a list of the affiliates on whose behalf this notice is being sent.

**Uninsured and Underinsured Motorists Coverage
Selection/Rejection Form - Illinois**

Illinois Law requires that the following coverages be offered to you:

Uninsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

Underinsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

Property Damage Uninsured Motorists Coverage provides benefits to you if a motorist without insurance causes damage to your vehicle or it's contents.

SELECTION OR REJECTION OF COVERAGE

UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

Illinois Law requires that Uninsured Motorists and Underinsured Motorists Bodily Injury Coverage be offered to you at limits equal to your Liability Combined Single Limit. Underinsured Motorists Coverage is included equal to the amount of Uninsured Motorists Coverage only when such coverage exceeds the minimum of \$50,000. The limit you select may not exceed your Liability Combined Single Limit. Indicate your selection here:

- \$50,000 (Does not include Underinsured Motorists Bodily Injury Coverage)
- \$100,000 \$500,000
- \$300,000 \$1,000,000

PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE

Property Damage Uninsured Motorists Coverage of \$15,000 is available only if you have not purchased Collision Coverage for your vehicle. It is subject to a deductible of \$250. You also have the option of rejecting this coverage. If you have not purchased Collision Coverage, indicate your selection here:

- I have not purchased Collision Coverage for my vehicle and select Property Damage Uninsured Motorists Coverage of \$15,000. I understand that this coverage is subject to a deductible of \$250.
- I have reviewed my insurance coverage and reject Property Damage Uninsured Motorists Coverage entirely.

I understand that the selections I have made apply to my motor vehicle policy. If I select another option at some future time, I must let the Company or agent know in writing. I understand that if I do not select from the above options, that Uninsured and Underinsured Motorists Coverage will be provided in this policy at limits equal to my Liability Combined Single Limit. And, that Property Damage Uninsured Motorists Coverage will be provided on all vehicles where Collision Coverage is not provided.

Signature of Applicant or Named Insured _____ Date _____

Applicant or Named Insured (Please print) _____ Policy Number _____