



Applicant _____ Date of Birth ____/____/____ Proposed Policy
 Effective Date ____/____/____

Residence Address _____ Zip Code _____ Proposed Policy
 Expiration Date ____/____/____

Mailing Address, if different _____ Zip Code _____ Expiration Date ____/____/____

Furnish information for the applicant, any licensed household member, and any person who customarily operates any of these vehicles.

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 (✓) **↑**

Description of Antique Automobiles

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	AGREED VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGISTRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	

The following coverages are available. Indicate your selection by placing an "X" in the proper box. All rates are annual rates.

PART 1 - LIABILITY - Bodily Injury to Others*	1 st Veh.	2 nd	3 rd	Premium	PART 5- Optional LIABILITY*	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	\$10.40	\$7.80	\$5.20		<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$6.50	\$3.90	\$2.60	
PART 2 - Personal Injury Protection	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$7.80	\$6.50	\$2.60	
<input type="checkbox"/> COMPULSORY \$8,000 - \$0 Deductible	\$5.20	\$3.90	\$1.30		<input type="checkbox"/> OPTIONAL \$ _____				
Deductible <input type="checkbox"/> Yourself <input type="checkbox"/> Household Members									
PART 3 - Bodily Injury Caused by an Uninsured Motorist (UM)*	1 st Veh.	2 nd	3 rd	Premium	PART 6 - Medical Payments Coverage	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	\$7.80	\$7.80	\$7.80		<input type="checkbox"/> OPTIONAL \$5,000	\$1.30	\$1.30	\$1.30	
<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$13.00	\$13.00	\$13.00		PART 12 - Underinsured Motorist (UIM)*	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$15.60	\$15.60	\$15.60		<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	Included with \$20K/\$40K UM			
<input type="checkbox"/> OPTIONAL \$ _____					<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$13.00	\$13.00	\$13.00	
PART 4 - Property Damage*	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$15.60	\$15.60	\$15.60	
<input type="checkbox"/> COMPULSORY \$5,000	\$1.30	\$1.30	\$1.30		<input type="checkbox"/> OPTIONAL \$ _____				
<input type="checkbox"/> OPTIONAL \$25,000	\$3.90	\$1.30	\$1.30						
<input type="checkbox"/> OPTIONAL \$ _____									

Vehicles in excess of three - No charge for above coverages *Higher limits are available. Please contact customer service for limits and rates.

PHYSICAL DAMAGE	Note: Collision Coverage is only available with Comprehensive Coverage	Premium
<input type="checkbox"/> Comprehensive Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.35/hundred for Vehicles 25 years old to 1945 \$0.30/hundred for Vehicles Pre-1945	\$
<input type="checkbox"/> Collision Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.35/hundred for Vehicles 25 years old to 1945 \$0.30/hundred for Vehicles Pre-1945	\$
<input type="checkbox"/> Limited Collision		\$

Secured Lender and, or Lessor: _____
 Towing & Roadside Assistance: _____ Substitute Transportation: _____
TOTAL PREMIUM \$ _____

Note: Your insurance will become effective upon payment of the entire premium, our acceptance of the risk and compliance with all state specific laws and regulations. Please sign and forward all requirements to:
J.C. Taylor Antique Automobile Agency, Inc. 320 South 69th Street, Upper Darby, PA 19082

Check List (✓)	()	Signed, fully completed application	()	Recent, color photo of each vehicle
()	()	Check for full premium (Payable to J.C. Taylor AAA)	()	Appraisal required when insured value falls outside of standard hobby valuation guides
()	()	Signed state option forms (if applicable)	()	Copy of daily use policy

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? _____ Yes _____ No
If yes, explain _____
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 _____
10. Massachusetts Registration (Plate No.) _____ Registration (Plate Type): _____
11. Do you require any DMV forms: RMV-1 RMV-3 2A

Application cannot be considered until above information is supplied.

APPOINTED AGENCY:

J.C. TAYLOR

APPOINTED AGENCY CODE: 37-6790-999

Underwritten by Foremost Insurance Company Grand Rapids, Michigan

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy.

FRAUD NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all listed operators.

IMPORTANT NOTICE: BODILY INJURY CAUSED BY AN UNINSURED OR UNDERINSURED AUTO

Your policy will provide Uninsured (UM) and Underinsured (UIM) coverage in the amount of \$20,000/\$40,000 per person/per accident. You may also elect limits up to the Bodily Injury Limits of your policy. UM and UIM Coverage protect you for damages caused by other drivers or vehicle owners who either have no automobile liability insurance (UM) or have automobile liability coverage limits that are less than the Uninsured Motorists Coverage limits you have purchased (UIM). UM is mandatory and cannot be rejected.

DECLARATIONS AND SIGNATURES

1. I agree that the insurer may secure and review consumer reports, including motor vehicle records for persons listed in the application. I further agree that the insurer may secure and review new consumer reports in evaluating this policy for each future renewal or replacement policy. The consumer reports may be used as an underwriting tool in order to establish eligibility for insurance coverage, and not for rating purposes.
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. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future, to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

MY AUTOMOBILES 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.

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION WITH MY PREVIOUS ANTIQUE AUTOMOBILE INSURANCE COMPANY.

SIGNATURE OF APPLICANT _____ TIME & DATE _____

TO BE COMPLETED BY AGENT

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

SIGNATURE OF AGENT _____ TIME & DATE _____

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.		



MASSACHUSETTS MOTOR VEHICLE INSURANCE

Underwritten by Foremost Insurance Company Grand Rapids, Michigan



Applicant _____ Date of Birth ____/____/____ Proposed Policy
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Residence Address _____ Zip Code _____ Proposed Policy

Mailing Address, if different _____ Zip Code _____ Expiration Date ____/____/____

Furnish information for the applicant, any licensed household member, and any person who customarily operates any of these vehicles.

DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
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PART 2 - Personal Injury Protection	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	<u>\$7.80</u>	<u>\$6.50</u>	<u>\$2.60</u>	
<input type="checkbox"/> COMPULSORY \$8,000 - \$0 Deductible	<u>\$5.20</u>	<u>\$3.90</u>	<u>\$1.30</u>		<input type="checkbox"/> OPTIONAL \$ _____				
Deductible <input type="checkbox"/> Yourself <input type="checkbox"/> Household Members									
PART 3 - Bodily Injury Caused by an Uninsured Motorist (UM)*	1 st Veh.	2 nd	3 rd	Premium	PART 6 - Medical Payments Coverage	1 st Veh.	2 nd	3 rd	Premium
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<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	<u>\$15.60</u>	<u>\$15.60</u>	<u>\$15.60</u>		<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	Included with \$20K/\$40K UM			
<input type="checkbox"/> OPTIONAL \$ _____					<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	<u>\$13.00</u>	<u>\$13.00</u>	<u>\$13.00</u>	
PART 4 - Property Damage*	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	<u>\$15.60</u>	<u>\$15.60</u>	<u>\$15.60</u>	
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<input type="checkbox"/> OPTIONAL \$25,000	<u>\$3.90</u>	<u>\$1.30</u>	<u>\$1.30</u>						
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Vehicles in excess of three - No charge for above coverages *Higher limits are available. Please contact customer service for limits and rates.

PHYSICAL DAMAGE	Note: Collision Coverage is only available with Comprehensive Coverage	Premium
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<input type="checkbox"/> Limited Collision		\$
Secured Lender and, or Lessor:		
<u>Towing & Roadside Assistance:</u>	Substitute Transportation:	TOTAL PREMIUM \$

Note: Your insurance will become effective upon payment of the entire premium, our acceptance of the risk and compliance with all state specific laws and regulations. Please sign and forward all requirements to:

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Check List (✓)	()	Signed, fully completed application	()	Recent, color photo of each vehicle
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3. Do you belong to an automobile club? If yes, which club?
4. Has (will) the body, engine, or drive train of the antique/classic vehicle been(be) changed?
5. Has the manufacturer's horsepower for your vehicle been changed? If yes, explain
6. Is any vehicle currently under restoration? If yes, a.) What is the expected date of completion? b.) If in shop, list name and address
7. Are all antique/classic vehicle(s) garaged?
8. Construction of garage: Cinder Block, Brick/Stone, Wood Frame, Other (explain)
9. What is the annual mileage? (a) Club functions miles (b) Other purposes miles Explain
10. Massachusetts Registration (Plate No.) Registration (Plate Type):
11. Do you require any DMV forms: RMV-1, RMV-3, 2A

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APPOINTED AGENCY: J.C. TAYLOR APPOINTED AGENCY CODE: 37-6790-999
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FRAUD NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy.

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2. I declare that the information contained in this application is true to the best of my knowledge and belief.
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.
5. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future, to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

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SIGNATURE OF APPLICANT TIME & DATE

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SIGNATURE OF AGENT TIME & DATE

Broker / Producer Information (if applicable)
Producer Name
Address
City State Zip
Phone Fax
E-mail I.D.#
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Applicant _____ Date of Birth ____/____/____ Proposed Policy
Effective Date ____/____/____

Residence Address _____ Zip Code _____ Proposed Policy
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Mailing Address, if different _____ Zip Code _____ Expiration Date ____/____/____

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DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
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PART 2 - Personal Injury Protection	1 st Vehicle	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$6	\$5	\$2	
<input type="checkbox"/> COMPULSORY \$8,000 - \$0 Deductible	\$4	\$3	\$1		<input type="checkbox"/> OPTIONAL \$ _____				
Deductible <input type="checkbox"/> Yourself <input type="checkbox"/> Household Members									
PART 3 - Bodily Injury Caused by an Uninsured Motorist (UM)*	1 st Vehicle	2 nd	3 rd	Premium	PART 6 - Medical Payments Coverage	1 st Vehicle	2 nd	3 rd	Premium
<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	\$6	\$6	\$6		<input type="checkbox"/> OPTIONAL \$5,000	\$1	\$1	\$1	
<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$10	\$10	\$10		PART 12 - Underinsured Motorist (UIM)*	1 st Vehicle	2 nd	3 rd	Premium
<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$12	\$12	\$12		<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	Included with \$20K/\$40K UM			
<input type="checkbox"/> OPTIONAL \$ _____					<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$10	\$10	\$10	
PART 4 - Property Damage*	1 st Vehicle	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$12	\$12	\$12	
<input type="checkbox"/> COMPULSORY \$5,000	\$1	\$1	\$1		<input type="checkbox"/> OPTIONAL \$ _____				
<input type="checkbox"/> OPTIONAL \$25,000	\$3	\$1	\$1						
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Broker / Producer Information (if applicable)	
Producer Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____ I.D.# _____
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EXHIBIT I
FORM MAAA0212 TO FORM MAAA0812

The following changes have been made:

Page 1

- Liability rates have been revised to reflect the rates which were approved in State Tracking Number 12FEB06-060.
- "Towing & Labor" has been changed to read "Towing & Roadside Assistance."
- The revision date has been changed from 0212 to 0812.

Page 2

- The Fraud Statement has been revised as follows:
 1. I agree that the insurer may [investigate and] secure and review consumer reports, including motor vehicle reports for persons listed in the application. I further agree that the insurer may [investigate and] secure and review new consumer reports in evaluating this policy for each future renewal or replacement policy.
 5. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future, to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

[brackets = removed]

underlined = added

- The revision date has been changed from 0212 to 0812.

MASSACHUSETTS

ANTIQUÉ AND CLASSIC AUTO PROGRAM

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Applicant _____ Date of Birth ____/____/____ Proposed Policy Effective Date ____/____/____

Residence Address _____ Zip Code _____ Proposed Policy Expiration Date ____/____/____

Mailing Address, if different _____ Zip Code _____ Expiration Date ____/____/____

Furnish information for the applicant, any licensed household member, and any person who customarily operates any of these vehicles.

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 (✓) **↑**

Description of Antique Automobiles

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	AGREED VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGISTRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	

The following coverages are available. Indicate your selection by placing an "X" in the proper box. All rates are annual rates.

PART 1 - LIABILITY - Bodily Injury to Others*	1 st Veh.	2 nd	3 rd	Premium	PART 5- Optional LIABILITY*	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	\$10.40	\$7.80	\$5.20		<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$6.50	\$3.90	\$2.60	
PART 2 - Personal Injury Protection	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$7.80	\$6.50	\$2.60	
<input type="checkbox"/> COMPULSORY \$8,000 - \$0 Deductible	\$5.20	\$3.90	\$1.30		<input type="checkbox"/> OPTIONAL \$ _____				
Deductible <input type="checkbox"/> Yourself <input type="checkbox"/> Household Members									
PART 3 - Bodily Injury Caused by an Uninsured Motorist (UM)*	1 st Veh.	2 nd	3 rd	Premium	PART 6 - Medical Payments Coverage	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	\$7.80	\$7.80	\$7.80		<input type="checkbox"/> OPTIONAL \$5,000	\$1.30	\$1.30	\$1.30	
<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$13.00	\$13.00	\$13.00		PART 12 - Underinsured Motorist (UIM)*	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$15.60	\$15.60	\$15.60		<input type="checkbox"/> COMPULSORY \$20,000/\$40,000	Included with \$20K/\$40K UM			
<input type="checkbox"/> OPTIONAL \$ _____					<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$13.00	\$13.00	\$13.00	
PART 4 - Property Damage*	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$15.60	\$15.60	\$15.60	
<input type="checkbox"/> COMPULSORY \$5,000	\$1.30	\$1.30	\$1.30		<input type="checkbox"/> OPTIONAL \$ _____				
<input type="checkbox"/> OPTIONAL \$25,000	\$3.90	\$1.30	\$1.30						
<input type="checkbox"/> OPTIONAL \$ _____									

Vehicles in excess of three - No charge for above coverages *Higher limits are available. Please contact customer service for limits and rates.

PHYSICAL DAMAGE	Note: Collision Coverage is only available with Comprehensive Coverage	Premium
<input type="checkbox"/> Comprehensive Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.35/hundred for Vehicles 25 years old to 1945 \$0.30/hundred for Vehicles Pre-1945	\$
<input type="checkbox"/> Collision Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.35/hundred for Vehicles 25 years old to 1945 \$0.30/hundred for Vehicles Pre-1945	\$
<input type="checkbox"/> Limited Collision		\$

Secured Lender and, or Lessor: _____

Towing & Roadside Assistance: _____ Substitute Transportation: _____

TOTAL PREMIUM \$ _____

Note: Your insurance will become effective upon payment of the entire premium, our acceptance of the risk and compliance with all state specific laws and regulations. Please sign and forward all requirements to:
J.C. Taylor Antique Automobile Agency, Inc. 320 South 69th Street, Upper Darby, PA 19082

Check List (✓)	()	Signed, fully completed application	()	Recent, color photo of each vehicle
	()	Check for full premium (Payable to J.C. Taylor AAA)	()	Appraisal required when insured value falls outside of standard hobby valuation guides
	()	Signed state option forms (if applicable)	()	Copy of daily use policy

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? _____ Yes _____ No
If yes, explain _____
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 _____
10. Massachusetts Registration (Plate No.) _____ Registration (Plate Type): _____
11. Do you require any DMV forms: RMV-1 RMV-3 2A

Application cannot be considered until above information is supplied.

APPOINTED AGENCY:

J.C. TAYLOR

APPOINTED AGENCY CODE: 37-6790-999

Underwritten by Foremost Insurance Company Grand Rapids, Michigan

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy.

FRAUD NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all listed operators.

IMPORTANT NOTICE: BODILY INJURY CAUSED BY AN UNINSURED OR UNDERINSURED AUTO

Your policy will provide Uninsured (UM) and Underinsured (UIM) coverage in the amount of \$20,000/\$40,000 per person/per accident. You may also elect limits up to the Bodily Injury Limits of your policy. UM and UIM Coverage protect you for damages caused by other drivers or vehicle owners who either have no automobile liability insurance (UM) or have automobile liability coverage limits that are less than the Uninsured Motorists Coverage limits you have purchased (UIM). UM is mandatory and cannot be rejected.

DECLARATIONS AND SIGNATURES

1. I agree that the insurer may secure and review consumer reports, including motor vehicle records for persons listed in the application. I further agree that the insurer may secure and review new consumer reports in evaluating this policy for each future renewal or replacement policy.
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. I agree that the insurer and its affiliates may use any telephone number, including any cell phone number, I provide now or in the future, to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

MY AUTOMOBILES 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.

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION WITH MY PREVIOUS ANTIQUE AUTOMOBILE INSURANCE COMPANY.

SIGNATURE OF APPLICANT _____ TIME & DATE _____

TO BE COMPLETED BY AGENT

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

SIGNATURE OF AGENT _____ TIME & DATE _____

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.	