



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

Residence Address _____ Zip Code _____

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

E-Mail Address _____ Phone Number _____

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.)					

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	\$14.60	\$10.90	\$7.30		<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$9.10	\$5.50	\$3.60	
PART 2 – Personal Injury Protection	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$10.90	\$9.10	\$3.60	
<input type="checkbox"/> COMPULSORY \$8,000 - \$0 Deductible	\$7.30	\$5.50	\$1.80		<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	\$10.90	\$10.90	\$10.90		<input type="checkbox"/> OPTIONAL \$5,000	\$1.80	\$1.80	\$1.80	
<input type="checkbox"/> OPTIONAL \$50,000/\$100,000	\$18.20	\$18.20	\$18.20		PART 12 – Underinsured Motorist (UIM)*	1 st Veh.	2 nd	3 rd	Premium
<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$21.80	\$21.80	\$21.80		<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	\$18.20	\$18.20	\$18.20	
PART 4 – Property Damage*	1 st Veh.	2 nd	3 rd	Premium	<input type="checkbox"/> OPTIONAL \$100,000/\$300,000	\$21.80	\$21.80	\$21.80	
<input type="checkbox"/> COMPULSORY \$5,000	\$1.80	\$1.80	\$1.80		<input type="checkbox"/> OPTIONAL \$ _____				
<input type="checkbox"/> OPTIONAL \$25,000	\$5.50	\$1.80	\$1.80						
<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.
2. Will you be using your antique/classic vehicle as a means of daily transportation, errands, or back-up?
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
9. What is the annual mileage? (a) Club functions miles (b) Other purposes miles
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.

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).

DECLARATIONS AND SIGNATURES

- 1. I agree that the insurer may secure and review motor vehicle records for persons listed in the application or subsequently added to the policy by me or my authorized representatives.
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.

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.

EXHIBIT I

FORM MAAA1112 TO MAAA0814

The following changes have been made:

Page 1

- Rates have been revised to reflect the rates which were approved in State Tracking Number 13NOV13-655.
- The revision date has been changed from 1112 to 0814.

Page 2

- Item 1. Under **DECLARATIONS AND SIGNATURES** has been revised as follows:
 1. I agree that the insurer may secure and review consumer reports, including motor vehicle records, for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I [further] agree to allow [that] 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 [may secure and review new] 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. [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. 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.
- The following item has been deleted:
 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.
- The revision date has been changed from 1112 to 0814.

MASSACHUSETTS

ANTIQUÉ AND CLASSIC AUTO PROGRAM

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Massachusetts Endorsement \$100 Glass Deductible – (Comprehensive)	M 0390 01/00
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