

J.C. Taylor Antique Auto Insurance Information Sheet

Underwritten by Zurich Insurance Co., with offices and claim facilities in principal U.S. cities
1(800)345-8290 • (215)748-0567 • (215)853-1300

Applicant _____ Date of Birth _____ Occupation _____
 Address _____ Zip _____

1. List all losses in past three years and moving violations—antique and modern cars. (Date-Cause-Payment. include drivers under 25 years of age.) _____

Number of Antique Autos owned _____ Operator License Number _____

2. Total Annual Mileage: Club Functions _____ Other Purposes _____

3. Name of antique or car club to which you belong _____

4. List modern cars used for daily transportation (owned _____ or company cars _____?) _____

5. Where are cars garaged? Under one roof? Construction of garage—brick-frame-fire resistive _____

6. Has rated horsepower or other specifications been changed? Yes _____ No _____ If yes, explain: _____

7. The following coverages are available. Indicate those desired by placing "X" in proper boxes.

Liability (\$100,000 single limit) Bodily Injury and Property Damage. Annual Rates: 1st car \$15.00, 2nd \$10.00, 3rd \$5.00

Uninsured/Underinsured Motorist—Rates as required by your State. \$ _____ Car 1 \$ _____ Car 2 \$ _____ Car 3

Liability (\$300,000 single limit) Bodily Injury and Property Damage. Annual Rates: 1st car \$20.00, 2nd \$14.00, 3rd \$8.00

Medical Payments of \$1,000.: 1st car \$4.00, 2nd car \$3.00, 3rd car \$2.00. Units in excess of 3, NO CHARGE.

Physical Damage

Physical Damage (Comprehensive Includes Fire and Theft)—Annual Rate \$0.35 per \$100 of insurance for each vehicle. NO DEDUCTIBLE. 25 yrs. or older

Physical Damage (Collision)—Annual Rate—\$0.35 per \$100 of insurance for each vehicle. NO DEDUCTIBLE. 25 yrs. or older

(Note—Collision is not written as a singular coverage but is available with Comprehensive.)

Physical Damage (Comprehensive Includes Fire and Theft)—\$0.70 per \$100 of insurance for each vehicle. Less than 25 yrs.

Physical Damage (Collision) \$0.70 per \$100 of amount of insurance for each vehicle. Less than 25 yrs.

8. Date this coverage is to be effective _____ Policy Minimum Premium \$50.00

ANTIQUA AUTOS TO BE INSURED

(Include picture of car.)

Year	Make	Body Type Series or Model	Series or Motor Number	Present Valuation (Amount of Insurance)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Use separate sheet for additional cars to be insured.
 An application may be forwarded to you for additional 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. If you are a resident of CT, FL, PA, or N.J., send copy of regular car policy.

Signature: _____ Date: _____

**Note: Your insurance becomes effective upon payment of the premium and acceptance of the risk.
 Please sign and forward with your remittance, payable to:**

J.C. TAYLOR ANTIQUA AUTO INSURANCE AGENCY, INC.

320 South 69th Street
 Upper Darby, Pennsylvania 19082

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