

COLLECTOR VEHICLE INSURANCE APPLICATION

A. // APPLICANT INFORMATION

Applicant Name (MR/MRS/MS): <small>(Enter your name(s) as it appears on your vehicle registration)</small>	
Residence Address: ADDRESS	
CITY	STATE ZIP COUNTY
Mailing Address: <small>(if different than residence)</small> ADDRESS	
CITY	STATE ZIP COUNTY
Phone (Best) :	Email (Best) :
Marital Status:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Occupation:

B. // HOUSEHOLD DRIVERS

List all residents, dependants and regular operators of driving age (licensed or not):					
	Name	Date of Birth	Relationship to Applicant	Drivers License Number and State	Operates Collector Vehicle?
Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 2					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 3					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 4					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regular Use Vehicle				Company Provided Vehicle?
Applicant	Year:	Make:	Model:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 2	Year:	Make:	Model:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 3	Year:	Make:	Model:		
Driver 4	Year:	Make:	Model:		

C. // DRIVING RECORD

Have you or any residents or dependants had any moving violations, suspensions, felony convictions, accidents or insurance claims within the last 5 years? If so, please describe below.		
Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. // COLLECTOR VEHICLE DETAILS

1	Year:	Make:	Model:	Body Style:	
	Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Years Owned: 0	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Annual Mileage: 1000	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
	<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
	Will vehicle be used for racing, timed events, autocross, drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
	* If yes, please describe:				
	Storage Type:		If other, please describe:		
	Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
	Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				
2	Year:	Make:	Model:	Body Style:	
	Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
	<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
	Will vehicle be used for racing, timed events, autocross, drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
	* If yes, please describe:				
	Storage Type:		If other, please describe:		
	Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
	Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				
3	Year:	Make:	Model:	Body Style:	
	Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
	<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
	Will vehicle be used for racing, timed events, autocross, drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
	* If yes, please describe:				
	Storage Type:		If other, please describe:		
	Storage Location (If different than residence or mailing address) ADDRESS CITY STATE ZIP COUNTY				
	Financed or Leased? If so, provide complete name and address of lienholder/leaseholder: NAME ADDRESS				

IF YOU ARE RETURNING THIS APPLICATION,
PLEASE INCLUDE THIS PAGE, EVEN IF SECTION E IS BLANK

E. // COMMENTS

Please include any additional comments here:

F. // COVERAGES

G. // CONDITIONS - PLEASE READ BEFORE SIGNING

COVERAGE IS CONTINGENT UPON CONTINUED COMPLIANCE WITH THE FOLLOWING CONDITIONS, UNLESS HAGERTY OR THE COMPANY AGREES OTHERWISE:

STORAGE

While not in use, my vehicle(s) will be kept at its principal storage address in a solidly constructed, completely enclosed and locked structure (unless Hagerty or the Company agrees otherwise).

USE

1. My vehicle(s) will be used on a limited basis consistent with the operation of a collectible vehicle such as occasional pleasure drives and club / hobby activities.
2. My vehicle(s) will not be used frequently for regular driving such as driving to and from work or school, shopping, errands, general transportation or back-up use.

INSURED REGULAR USE AUTO

1. Each driver within my household has a separately insured regular use vehicle of which he or she is the primary operator.
2. All of the regular use vehicles in my household are insured by a separate personal auto insurance policy (or if a business auto policy, with the appropriate personal liability endorsements), maintained in my name (if owned by me), in full force and effect for the entire term of this policy.
3. In no event will this policy serve as my household's only auto insurance.

CHANGES DURING ANY POLICY TERM

I acknowledge that it is my responsibility to inform Hagerty or my local broker of any change in the information provided herein after this form is submitted and a policy is issued. This includes but is not limited to the following:

1. Changes in the number of licensed household drivers or regular vehicle operators or their license status;
2. Modifications to my vehicle(s), including the addition of nitrous system(s) or hydraulics, or any modifications meant to achieve 700 horsepower or greater;
3. Any increase or decrease in the value of my vehicle(s) for which I would expect a change in the amount of insurance coverage or premium charged. I understand that Hagerty and my local broker are not responsible for monitoring or changing vehicle values unless I request the change; or
4. Any decrease in the liability/UM/UIM limits for the regular use vehicles in my household.

APPLICANT'S STATEMENT

I acknowledge that I have read and understood this application in its entirety and that if Essentia Insurance Company or its authorized representative agrees to issue a policy to me, coverage will be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Failure to comply with any of the above conditions may result in coverage being denied. Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

H. // IMPORTANT NOTICES

NOTICE OF INSURANCE INFORMATION PRACTICES

CONSUMER REPORTS

A consumer report about you or other individuals listed as policyholders, drivers or household members (e.g. driving record, claims history) may be requested in connection with this application, policy amendments and/or renewals. This consumer report information which we have or may obtain will be treated confidentially and will not be disclosed to non-affiliated third parties without your prior authorization except for such purposes as claims handling, servicing, underwriting, or as otherwise required by law.

OTHER NON-PUBLIC PERSONAL INFORMATION

Information contained in this application and any additional non-public personal information subsequently collected, will not be disclosed to non-affiliated third parties without your prior authorization unless permitted or required by law.

YOUR RIGHTS

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. You may obtain a more detailed description of our information practices and your rights regarding information we collect by viewing our privacy policy online at www.hagerty.com, calling Hagerty, or, if you have been issued a policy, you may write us at the address provided with your policy.

FRAUD WARNING

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

AGENT CONTACT PHONE EMAIL

How would you like to be contacted?

Phone Email

Hagerty will email insurance documents to you at your request. Please consider that while Hagerty takes appropriate care to protect your privacy, there is some risk of interception when sending confidential, personal information by email or email attachment.

THERE IS NO COVERAGE IN PLACE UNLESS YOU RECEIVE SPECIFIC NOTIFICATION FROM US.

Proposed Effective Date		Applicant Signature	<Signature on File>	Date	
Agency Code	12234	Agent	<Signature on File>	Date	