

## FOLLOW THIS CHECKLIST OF ITEMS WE NEED WITH YOUR APPLICATION

(Failing to provide essential documents will delay the process of your policy coverage. Please call 800.678.5173 with questions.)

□ Complete the enclosed application, state forms, and any other documen includes listing ALL licensed and non-licensed household members' infor own: Name, Date of Birth, and License information, and traffic violations driver. Please add any missing information such as VIN(s), purchase date		information as well as your tions or accidents for each			
	readings for each vehicle listed on the application. All drivers that are 25 years of age or younger must sign a Driver's Exclusion Form. Please notify				
	us if applicable to your policy.				
		Recent color photos of each vehicle. We require a photo representing all 4 sides and engine.			
	More photos are always appreciated.				
	All vehicles must be stored inside a completely enclosed garage. If the location is different than the primary residence, then you will need to complete an Alternate Garage Form. Please notify us				
	if applicable to your policy.	compiete an Aiternate	Garage Form. Please notily us		
	<ul><li>☐ All vehicles purchased within the last 6 months</li></ul>	must ha submitted wi	th a Rill of Salo		
	□ Copy of title &/or registration showing full Veh				
	□ Copy of three w/or registration showing run ven □ Copy of your Personal Auto Policy for daily use				
	the household, limits carried (e.g. Bodily Injur	_ •			
	effective dates. ID cards are not acceptable a				
	· · · · · · · · · · · · · · · · · · ·	full to start the policy. Premiums over \$500 may allow additional payment plans.			
	PAYMENT A	UTHORISATION			
Na	Name as it appears on account:				
Bil	Billing Address:				
City:		tate: Postal Co	ode:		
	Recurring payment plan – Recommended to reduce policy cancelations  Credit/Debit Card Type:   Uisa   MasterCard   American Express   Discover				
Card #:		Expiry Date: CCV:			
	□ Check: Bank Name				
	Routing #				
Ia	I authorise Heacock Classic to charge my insuran	ce premium to my card	or check/savings account.		
		S			
Sig			remium Amount		