



COLLECTOR CAR INSURANCE

## USE THIS ALTERNATE GARAGE FORM WITH YOUR APPLICATION

When the vehicle is *not* garaged at your primary residence, the following information is required.  
Complete the form (note checkboxes to help ensure all documentation sent),  
then email with documents or print & mail.

**Insured's Name:** \_\_\_\_\_

**Garaging Address:** \_\_\_\_\_

- Attach a photograph of the alternate garage**
  
- What type of facility is this?** (public, private, office, business, etc.) \_\_\_\_\_
  
- Is this an individual garage or a large storage area?** \_\_\_\_\_
  
- Is this a fully enclosed and locked garage?** \_\_\_\_\_
  
- Who has access to this garage?** (family, friend, co-worker, etc.) \_\_\_\_\_
  
- What else is stored in this garage?** \_\_\_\_\_
  
- What is the distance between your residence and the garage facility?** \_\_\_\_\_
  
- What type of security safeguards are at this location** (alarms, fencing, lighting, etc.) \_\_\_\_\_