When repl	acing a vehicl	e please list the year, m	ake, and model of the vel	nicle to be <mark>deleted</mark>
Yr:	Make:	Model:	VIN:	
Signature:		Date:		
		Head	COCK	

## Vehicle Addition/Change Request

To request the addition of a vehicle to your classic policy, complete the information below in its entirety and return to us with photos, vehicle registration or title, or Bill of Sale if <u>new purchase</u>. Your request will be subject to approval, and can take 24-48 hours to be processed. An incomplete form will delay processing.

Insured's Name (exactly as shown on registration):	Policy #:
Mailing Address:	
Phone Number:	
Year/Make/Model:	
VIN:	Purchase Date:
State of Registration:	Historically Register? Yes No
Requested Value: \$	Purchase Price:
Estimated annual mileage:	How you plan to use the vehicle (Please be as specific as
possible):	
Current Odometer (exact):	Has vehicle been restored? Yes No If so, when?
Overall condition: Fair GoodVe	ery Good Excellent
Please list any upgrades or modifications made	de to the vehicle, including engine replacement:
Is the vehicle kept in a permanent, locked, an	d enclosed garage when not in use? Yes No
Garaging address (only if different from mailing):	
Is there a loan on the vehicle? Yes No_	If so, provide name and address:
Proposed effective date of this change:	
**Color photos of the vehicle are required as	follows:
Stools vahiolas Sand 2 automion abayying all 4	sides of the value

Stock vehicle: Send 2 exterior showing all 4 sides of the vehicle

<u>Modified or Project vehicle</u>: Send 2 exterior, 1 engine compartment and 1 interior.

Email the completed form and photos back to <a href="mailto:info@heacockclassic.com">info@heacockclassic.com</a>. You can fax the completed form to 863-686-1426 but photos must be sent via email. Photos can be texted to the email address as well. Please include your name and policy number in the subject line of the email.