



COLLECTOR CAR INSURANCE

Heacock Classic Insurance
P.O. Box 24807 • Lakeland, FL 33802
Ph (800) 678-5173 • Fax (863) 686-1426
www.heacockclassic.com

Agency Name: _____ Producer Code: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION TO DETERMINE ACCEPTABILITY

First & Last Name: _____

Mailing Address: _____

Garaging Address (if different from Mailing): _____

Year/Make/Model (1): _____

Year/Make/Model (2): _____

Year/Make/Model (3): _____

Vehicle Value(s) Requested: (1)\$_____ (2)\$_____ (3)\$_____

Estimated Miles per Year: (1)1,000 or 3,000 (2)1,000 or 3,000 (3)1,000 or 3,000

Modifications (1): STOCK/ORIGINAL MODIFIED HIGHLY MODIFIED

Modifications (2): STOCK/ORIGINAL MODIFIED HIGHLY MODIFIED

Modifications (3): STOCK/ORIGINAL MODIFIED HIGHLY MODIFIED

CARS MUST BE KEPT INSIDE AN LOCKED AND ENCLOSED GARAGE WHEN NOT IN USE

List ALL members of the household (licensed or not), including yourself. Anyone under the age of 25 MUST be EXCLUDED from this policy. Call for DRIVER'S EXCLUSION FORM.

Table with 5 columns: Name, Date of Birth, Relationship, Accidents (3 yrs), Violations (3 yrs)

- To verify coverage on your everyday regular use vehicles, please provide a copy of your Personal Auto Declarations page or coverage summary showing detail liability & uninsured motorist coverage (ID cards are not acceptable). If the coverage quoted is different from your personal auto policy please notify us so we can amend the quote.

Underwriting Questions:

- Are all vehicles stored in a fully enclosed, locked garage/facility when not in use? Y or N
Does every licensed driver have a vehicle to use that is NOT listed on this policy? Y or N
Has any operator's insurance been cancelled, non-renewed, or declined in the past 3 years? Y or N
Are any vehicles currently for sale or being held for consignment? Y or N
Are any vehicles titled to a person/entity not listed on this quote? Y or N
Are any vehicles leased? Y or N



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HIGH PERFORMANCE OWNERSHIP / EXPERIENCE FORM

Complete this high performance worksheet to give detailed information on your history, then print, sign & fax/email. Please call with questions: 800.678.5173

Client Name: _____

Date Acquired: _____ Date Completed: _____

Market Value: _____ If recent purchase, please provide Bill of Sale.

Manufacturer: _____

VIN: _____ Exact Odometer: _____

Constructed By: _____

Engine Specifications (stroked ci/aluminum heads/flywheel/etc.): _____

_____ Horsepower: _____

Transmission (TKO 600/Muncie/Jerico/etc.): _____

Suspension (3 link/adjustable/road race/etc.): _____

NOS: Yes No If yes, what nitrous experience do you have: _____

How much of a nitrous shot are you putting into the engine: _____

How is it activated: _____

How often is it used: _____

How is it used: (street, track, show, etc): _____

Do you carry a fire extinguisher or fire suppression system: _____

What safety equipment do you have or use: _____

LIST YOUR HIGH PERFORMANCE DRIVING EXPERIENCE & CAR OWNERSHIP:
(Example: Owned 1971 Chevelle SS 454 for 6 years / Owned 1965 Mustang GT for 4 years)
(Experience: Took 3 day Bondurant driving school / Hold a SCCA competition license)

Signature: _____ Date: _____