



Off-Track Insurance Application

Heacock Classic
P.O. Box 24807 ♦ Lakeland, FL 33802-4807
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www.heacockclassic.com

EXTREMELY IMPORTANT: All information fields and questions must be completed.

Applicant: _____
Address: _____
City/ST/Zip: _____

Age: _____ Proposed Effective: _____
Day Phone: _____ Fax: _____
Occupation: _____
E-Mail: _____

VEHICLES TO BE INSURED:

No.	Year	Make/Model/Body Style	Serial Number	Vehicle Value
1				
2				
3				
4				
5				
6				
7				
8				

DRIVER INFORMATION:

No.	Name	Date of Birth	Sex	Marital Status	Relationship to Applicant	Drivers License Number	License State
1							
2							
3							
4							

UNDERWRITING INFORMATION:

Are all vehicles kept in an enclosed & locked garage when not in use? Yes No
Storage Address (if Different): _____
Size of building _____ Sq.Ft. Age of Building _____
Construction Material: Wood Frame Concrete or Masonry Metal
Fire Sprinkler System: Yes No Monitored Burglar Alarm Yes No
How many racing events do you participate in annually? _____
Sanctioning Body/Club membership: _____

LIENHOLDER INFORMATION:

Lienholder Name _____
Vehicle No. _____ Loan Number: _____
Address _____
Remarks _____

IN THE PAST 5 YEARS HAS ANY DRIVER:

- A. Had their drivers license revoked? Yes No
 - B. Been convicted of a moving violation? Yes No
 - C. Been involved in a motor vehicle accident on public roads? Yes No
 - D. Been convicted of a drug or alcohol related violation? Yes No
- Please explain "yes" answers in Remarks section or on a separate page.

INITIAL AS ACCEPTANCE OF THE FOLLOWING POLICY CONDITIONS

1. _____ Coverage does not apply for any insured vehicle while racing, race testing, during speed trials, driving schools, while on-track or for similar activities.
2. _____ Coverage does not apply for any insured vehicle while being operated under its own power except during loading or unloading onto or from a transporting vehicle.
3. _____ This policy is subject to a \$500 annual minimum premium and a \$250 minimum earned premium.
4. _____ This is a physical damage only policy. No liability coverage is provided.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. In New York, any person shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

Insurance coverage is subject to terms, conditions and exclusions in the policy. Always read your policy carefully.

I hereby attest to the truth of the above statements and declare that I have not withheld any information which might tend, in any way, to increase the risk of the company or influence the acceptance of coverage. Additionally, I understand that any false statement by me will cause the policy, if issued, to be void as provided by the conditions of the policy. I agree this information shall become the basis for the policy, if issued, and will become part of my file.

Submit With Application:

- ♦ 1 Clear Photo of each vehicle to be insured.
- ♦ Check for annual premium payable to: **Heacock Classic**

APPLICANTS SIGNATURE _____ DATE _____

LICENSED AGENT SIGNATURE _____ DATE _____

Physical Address for overnight shipping:
Heacock Classic
100 E. Main St. ♦ Lakeland, FL 33801

Your policy will be issued by either:
Infinity Insurance Co., Birmingham, AL or
Hanover Insurance Co., Worcester, MA

\$ _____ Annual Premium
