



COLLECTOR CAR INSURANCE

## Agency Profile

- Confidentiality Assured -

1. Agency Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Contact Person \_\_\_\_\_ Title \_\_\_\_\_
4. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
5. E-Mail Address: \_\_\_\_\_
6. Annual P&C premium volume for agency \$ \_\_\_\_\_
7. Marketing territory \_\_\_\_\_
8. Approximate volume of collector car insurance written \$ \_\_\_\_\_
9. Name of E&O Insurance carrier: \_\_\_\_\_
10. E&O Insurance renewal date: \_\_\_\_\_
11. E&O Insurance coverage limit: \_\_\_\_\_
12. E&O Deductible: \_\_\_\_\_
13. FEIN# \_\_\_\_\_

**IMPORTANT**

Enclose a photocopy of an agent license for each state in which you conduct collector car insurance business.

Please send this information by mail or fax to:

**Heacock Classic**  
**P.O. Box 24807**  
**Lakeland, FL 33802**  
**Attn: Joyce King**  
**Phone: 863.686.1944 Fax: 863.686.1426**  
**Email: [jking@heacockclassic.com](mailto:jking@heacockclassic.com)**