

FOLLOW THIS CHECKLIST OF ITEMS WE NEED WITH YOUR APPLICATION

(Failing to provide essential documents will delay the process of your policy coverage. Please call 800.678.5173 with questions.)

	Complete the enclosed application, state forms, and any other documentation requested which includes listing ALL licensed and non-licensed household members' information as well as your own: Name, Date of Birth, and License information, and traffic violations or accidents for each driver. Please add any missing information such as VIN(s), purchase dates, and odometer				
	readings for each vehicle listed on the application. All drivers that are 25 years of age or younger must sign a Driver's Exclusion Form. Please notify us if applicable to your policy.				
	Recent color photos of each vehicle. We require a photo representing all 4 sides and engine. More photos are always appreciated.				
	All vehicles must be stored inside a completely enclosed garage. If the location is different than the primary residence, then you will need to complete an Alternate Garage Form. Please notify us if applicable to your policy.				
	All vehicles purchased within the last 6 months must be submitted with a Bill of Sale. Copy of title &/or registration showing full Vehicle Identification Number (VIN). Copy of your Personal Auto Policy for daily use vehicles showing your name, daily use vehicles in the household, limits carried (e.g. Bodily Injury, Property Damage, Uninsured Motorist, etc.), and effective dates. ID cards are not acceptable as they do not include all of the necessary limits. Payments are processed by the underwriting carrier. All premiums \$500 or less must be made in full to start the policy. Premiums over \$500 may allow additional payment plans.				
PAYMENT AUTHORISATION					
۷a	ame as it appears on account:				
3ill	illing Address:				
Cit	ty:	State:	Postal Code:		
		•	y cancelations American Express	☐ Discover	
Cai	ard #:	Expiry	v Date:	CCV:	
	Check: Bank Name				
	Routing #	Account #			
aı	authorise Heacock Classic to charge my insura	nce premium	to my card or check/s	avings account.	
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