



AMERICAN SOUTHERN HOME
INSURANCE COMPANY

FLORIDA

COLLECTOR VEHICLE APPLICATION

Policy:	Previous AMIG Policy:
Agency Code: 051756	Subproducer #:
Agency Name: Heacock Classic	Sub Name:
Address: PO Box 24807	Address:
City, State & Zip: Lakeland, FL 33801	City, State & Zip:
Phone Number: (800) 678-5173	Phone Number:

BASIC CLIENT INFORMATION

Titled Owner / First Name	Middle Initial	Titled Owner / Last Name	Home Phone	Mobile Phone
Work Phone	Primary Email Address	Mailing Address (Street)		
City	State	Zip	# of Regular Use Autos < 20 yrs	Requested Effective Date

LIENHOLDER/OTHER PARTIES (IF N/A, DO NOT COMPLETE)

Type	Name	Mailing Address (Street)	City	State	Zip
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OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

Please identify all licensed members of the household or any other regular operator of the Collector Vehicles

OP #	First Name	Last Name	Gender (M/F)	Birthdate (MM-DD-YY)	Relationship to the insured	License #	State	Excluded?

ACCIDENT / VIOLATION INFORMATION

List all traffic law violations, accidents (regardless of fault) and any insurance losses for all operators in the last 3 years (start with the most recent).

Operator #	Accident or Violation Description - At Fault	Incident Date (MM/DD/YYYY)	Loss Amount

UNDERWRITING QUESTIONS (PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION)

Do any licensed operators listed above NOT have a vehicle available for daily use that will not be insured on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any daily use vehicles carry Liability coverages less than the coverage requested on this policy?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Has any operator's insurance been cancelled, non-renewed, or declined in the past 3 years? (Not Applicable in Missouri)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any operator been required to file financial responsibility in the past 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT maintained primarily for car club activities, exhibitions, leisure/pleasure drives, or for a private collection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT stored in a fully enclosed locked garage facility when not in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units for sale or being held for consignment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units leased?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units titled to a person/entity not listed on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REMARKS

LIABILITY & POLICY LEVEL COVERAGES

Coverage Description	Limit/Deductible	Auto/Truck	Motor-cycle	Race Vehicle	Non-Registered	Trailer Bodily Injury	Premium
Liability							
Property Damage Liability							
Non-Stacked Uninsured/Underinsured Motorists Bodily Injury							
Medical Payments							
Personal Injury Protection - Basic							
Nationwide Roadside Assistance							
Trip Interruption Coverage	\$150/\$600	X					\$ 0.00
Spare Parts	\$2,000	X					\$ 0.00

UNIT INFORMATION

(Information should be entered as shown on the vehicle registration to ensure proper reporting to the state)

Year	Make	Model	Body Type	Modified?	Vehicle Identification Number
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	

GARAGING LOCATION

Description	Address (Street)	City	State	Zip
Locked Garage				

UNIT COVERAGES

Coverage Description	Limit/Deductible	Premium
Collision Agreed Value		
Other Than Collision		

DISCOUNTS AND SURCHARGES APPLIED

Car Club Discount

TOTAL TAXES AND FEES APPLICABLE

TOTAL POLICY PREMIUM

Total 12-month policy premium:

BILLING INFORMATION

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Payment Plan:	Minimum Down Payment:	Down Payment Method:	Payment Received:
EFT Bank ABA#:	EFT Account Number:	EFT Account Type:	Eff. Day of Month (1-28):
Credit Card Type:	Credit Card Number:		Expiration Date (MM/YY):

POLICY INTENT - PLEASE READ CAREFULLY

This policy is designed specifically for collectible vehicles and all operators must maintain a separate vehicle for regular use. Any vehicle insured under this policy is to be used for occasional pleasure use only, including car club activities, car shows, and the occasional leisure/pleasure drive. Coverage does not apply to "on track" events. The mileage plan selected for your vehicle should not be exceeded. This is intended as a general overview of your coverage, and in no way replaced or modifies any policy provisions or terms.

INSURED STATEMENT - I affirm that the information provided is true and to the best of my information no material information has been withheld. I hereby authorize appropriate state authorities to release my motor vehicle driving record to the Company or its representatives.

Applicant's Signature: _____ Insurance Agent's Signature: _____ Date: _____

FRAUD NOTICE - WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.