



COLLECTOR CAR INSURANCE

### CUSTOM & MODIFIED VEHICLE WORKSHEET

TO ACCURATELY PROTECT YOUR VEHICLE, FILL OUT THIS SHEET COMPLETELY.

This information will be used to determine partial or whole replacement of the vehicle and/or its components in the event of a loss. High value accessories should be specifically listed and show in accompanying photographs. We understand that all sections might not pertain to your vehicle; please complete this form to the best of your ability.

- 1. One sheet per vehicle.
- 2. **Attach additional pages, if necessary.**
- 3. Send this sheet along with your completed Heacock Classic application and detailed photographs **INCLUDING** engine photos

OWNER'S NAME/TITLED AS: _____		Date Completed _____
VEHICLE _____	VIN _____	ODOMETER _____

<b>INTERIOR</b>
AFTERMARKET GAUGES <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____
CUSTOM UPHOLSTERY <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____
AIR CONDITIONING <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aftermarket
OTHER FEATURES _____
STEREO & ELECTRONIC EQUIPMENT: If stereo systems, electronic equipment or audio/visual system valued over \$1,000 please describe: _____

<b>ENGINE</b>
ENGINE <input type="checkbox"/> Original <input type="checkbox"/> Other
Engine Manufacturer _____
Displacement: _____ Horsepower: _____
ASPIRATION <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injection
Describe: _____
ADDITIONAL POWER <input type="checkbox"/> Turbo <input type="checkbox"/> Supercharged
NITROUS (Any nitrous components installed?) <input type="checkbox"/> Yes <input type="checkbox"/> No
EXHAUST TYPE/MANUF. _____
TRANSMISSION TYPE/MANUF. _____
SHIFTING MECHANISM _____
OTHER FEATURES _____
Who did the work? _____

<b>EXTERIOR / FRAME / CHASSIS</b>
BODY <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Other
Describe body modifications: _____
ANY SPECIAL PAINT/DETAILING WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____
FRAME / CHASSIS TYPE <input type="checkbox"/> Stock <input type="checkbox"/> Modified
If modified, describe: _____
Front End: _____
Rear End: _____
CUSTOM RIMS <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____
SUSPENSION <input type="checkbox"/> Air <input type="checkbox"/> Stock <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other
If other, describe: _____
Who did the work? _____

<b>SAFETY EQUIPMENT</b>	
SAFETY GLASS <input type="checkbox"/> Yes <input type="checkbox"/> No	ROLL CAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
WHEELIE BARS <input type="checkbox"/> Yes <input type="checkbox"/> No	TUBBED <input type="checkbox"/> Yes <input type="checkbox"/> No
SEAT BELTS <input type="checkbox"/> Standard <input type="checkbox"/> Harness	
NHRA INSPECTION <input type="checkbox"/> Yes (Include copy) <input type="checkbox"/> No	
BRAKES <input type="checkbox"/> Drum <input type="checkbox"/> Disc <input type="checkbox"/> Other	
If other, describe: _____	
OTHER FEATURES _____	

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_