

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. ATTACH PHOTOGRAPHS ALL 4 SIDES, INTERIOR & ENGINE. PLEASE INCLUDE FULL PREMIUM.

** PLEASE NOTE: THERE IS NO COVERAGE UNTIL CONDON & SKELLY HAS ACCEPTED THE RISK, RECEIVED PAYMENT, AND ISSUED THE POLICY.**

CONDON & SKELLY INSURANCE AGENCY

THIS IS NOT A BINDER

Applicant's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Business Telephone: _____ Home Telephone: _____

Policy Number: _____ Effective Date: _____

Social Security Number (The providing of this information is optional): New Business Application Change to Current Policy

FOR OFFICE USE ONLY:

VEHICLE USAGE

1. Are your collectible vehicles used for any purposes other than car club, hobby activities or an occasional pleasure drive? Yes No
If Yes, for what purposes? _____

2. Are any collectible vehicles used for racing? Yes No

3. Are any collectible vehicles used for commercial purposes? Yes No

4. Are any collectible vehicles used for backup or substitute transportation? Yes No

5. What purpose are the collectible vehicles driven for? _____

6. What is the approximate annual miles to be driven? _____

DRIVER INFORMATION Complete for all licensed drivers in the household

Driver No.	Name (As shown on license)	Gender	Marital	Birthdate	No. Years Lic.	License Number
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

1. How many licensed drivers are in the household (include youthful drivers)? _____

2. Please list vehicles used as daily transportation for each driver in the household.

Year	Make	Is this a company car?	If yes, do you own the company?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Has any driver in the household had an accident or violation in the past three years? Yes No

4. Has any driver in the household had his/her licensed revoked in the past three years? Yes No

If Yes to either question above, please complete below:

Driver Name	Describe Violation/Accident/Revocation	MM/DD/YY	Did Your Co. Pay?	Amount of Claim Payment
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

GENERAL INFORMATION

1. Are all collectible vehicles kept in completely enclosed, locked garage(s)? Please note: All vehicles must be garaged. Yes No
Garage location: Address _____ State _____
 Brick Frame Burglar Alarm Fire Alarm

2. Is your collectible vehicle currently being restored? Yes No
If Yes, how much has been completed? _____%

3. Which clubs or associations do you currently belong? _____

4. List any awards/national points won with your collectible vehicle: _____

5. Is your collectible vehicle currently insured? Yes No
If Yes, with what company? _____

REMARKS

AUTHENTIC ANTIQUE/CLASSIC VEHICLE (Annual Mileage for Authentic Antique Vehicles is 2,500)

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Horsepower	Agreed Value	Odometer
1								

Is vehicle registered or will be within 30 days? Yes No State vehicle is registered? _____
 Is vehicle registered historical? Yes No Is registrant a business? Yes No
 Is this a replacement vehicle? Yes No Is the registered owner a named insured? Yes No
 Is there a loss payee on this vehicle? Yes No Who is vehicle registered to? _____
 If Yes, loss payee name: _____ Address: _____

Who is the principal driver of this vehicle? _____

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Horsepower	Agreed Value	Odometer
2								

Is vehicle registered or will be within 30 days? Yes No State vehicle is registered? _____
 Is vehicle registered historical? Yes No Is registrant a business? Yes No
 Is this a replacement vehicle? Yes No Is the registered owner a named insured? Yes No
 Is there a loss payee on this vehicle? Yes No Who is vehicle registered to? _____
 If Yes, loss payee name: _____ Address: _____

Who is the principal driver of this vehicle? _____

COVERAGES

								Totals
A1	Bodily Injury/Property Damage	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				A1
A2	Medical Payments	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> Other _____				A2
A3	Uninsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				A3
A4	Underinsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				A4
A5	Personal Injury Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Additional					A5
A6	Towing	<input type="checkbox"/> Yes	<input type="checkbox"/> No					A6
A7	Glass Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					A7
A8	Comprehensive (excluding Collision)							A8
A9	Comprehensive and Collision							A9
Authentic Program Total:							A10	

SPECIALTY/MODIFIED VEHICLES (Example: Street Rods, Customs, Kits and Replicas.)

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Horsepower	Agreed Value	Odometer
1								

Is vehicle registered or will be within 30 days? Yes No State vehicle is registered? _____
 Is vehicle registered historical? Yes No Is registrant a business? Yes No
 Is this a replacement vehicle? Yes No Is the registered owner a named insured? Yes No
 Is there a loss payee on this vehicle? Yes No Who is vehicle registered to? _____
 If Yes, loss payee name: _____ Address: _____

Who is the principal driver of this vehicle? _____
 Annual Mileage: 0 - 2500 2501 - 5000 5001 - 7500

Veh. No.	Year	Make	Model	Body Type	VIN (Exactly as shown on registration)	Horsepower	Agreed Value	Odometer
2								

Is vehicle registered or will be within 30 days? Yes No State vehicle is registered? _____
 Is vehicle registered historical? Yes No Is registrant a business? Yes No
 Is this a replacement vehicle? Yes No Is the registered owner a named insured? Yes No
 Is there a loss payee on this vehicle? Yes No Who is vehicle registered to? _____
 If Yes, loss payee name: _____ Address: _____

Who is the principal driver of this vehicle? _____
 Annual Mileage: 0 - 2500 2501 - 5000 5001 - 7500

COVERAGES

								Totals
M1	Bodily Injury/Property Damage	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				M1
M2	Medical Payments	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> Other _____				M2
M3	Uninsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				M3
M4	Underinsured Motorists	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> Other _____				M4
M5	Personal Injury Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Additional					M5
M6	Towing	<input type="checkbox"/> Yes	<input type="checkbox"/> No					M6
M7	Glass Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					M7
M8	Additional Paint	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Amount \$ _____				M8
M9	Modified Comprehensive Deductible	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000			M9
M10	Modified Collision Deductible	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000			M10
\$50 Minimum Premium (in most states)							Modified Program Premium Total:	M11

Add Authentic Program (A10) and Modified Program (M11) for TOTAL PREMIUM:

Uninsured Motorists Coverage
 I acknowledge I have been offered Uninsured Motorists coverage up to the limit(s) of my Bodily Injury Liability coverage, I have selected the limits indicated in this application. I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

REGULATORY AND POLICY WARNINGS

Limitations of Use – For Antique and Modified Vehicles

The covered auto(s) must be an antique vehicle or a collectible vehicle. It must be used mainly for hobby activities or as part of a private collection. Occasional use of the auto for other reasons is permitted. However, those reasons DO NOT include the following:

For Authentic Antique Vehicles

(1) NORMAL DRIVING – For example, you may not use the vehicle to drive to or from work or school, to shop or as a substitute vehicle. (2) RACING – We won't cover loss or damage while the vehicle is being raced. (3) ALTERED VEHICLE – The vehicle may not be altered in any way from its original condition. A vehicle is considered altered if it is not constructed or restored with original type parts. (4) ANNUAL MILEAGE – Your annual mileage cannot exceed 2,500 miles unless you receive prior written authorization from Condon & Skelly. (5) BUSINESS or COMMERCIAL USE.

For Specialty Modified Vehicles

(1) RACING – We won't cover loss or damage while the vehicle is being raced. (2) BUSINESS or COMMERCIAL USE.

FRAUD WARNINGS

Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York Fraud Warning: Any Person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to (NY: substantial) criminal and civil penalties. **Colorado Fraud Warning:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Delaware Fraud Warning:** A person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **California Fraud Warning:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Indiana Fraud Warning:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. **Maine Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. **Minnesota Notice of Possible Cancellation:** The insurer may elect to cancel coverage at any time during the first 59 days following issuance of the coverage for any reason which is not specifically prohibited by statute. **New Mexico Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **New York Automobile Fraud Warning:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. **Ohio Fraud Warning:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oklahoma Fraud Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Pennsylvania Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Virginia and Tennessee Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURE

I understand that coverage becomes effective only upon acceptance of the risk by Condon & Skelly, payment of premium and issuance of policy.

Applicant's Statement – I authorize you or any consumer reporting agency to check my driving record, claim history and to obtain and release information about my prior losses or claims. I understand that this information may be obtained from third parties, such as consumer reporting agencies, I also authorize you to share with others information about my claims record while insured with you. If you should find any information that adversely affects my ability to obtain insurance, I understand that you will notify me that I can have any inaccuracies corrected. I understand that any information you collect on me will be used by you for personal insurance underwriting purposes. I agree that this authorization shall be valid for one year from the date shown below.

Applicant's Signature: _____ Date: _____ Amount of Payment: \$ _____

PLEASE NOTE: THERE IS NO COVERAGE UNTIL CONDON & SKELLY HAS ACCEPTED THE RISK, RECEIVED PAYMENT AND ISSUED THE POLICY

AGENT Must Complete Below

Agency:		<input type="checkbox"/> <input type="checkbox"/>	
Address:	City:	State:	Zip Code:
Agency Phone:			
Contact:	Signature:		Date:

* PA, WA or WY agent please send copy of broker's license.

REMEMBER TO SEND THE FOLLOWING:

- 1. Photos (color) all 4 sides, interior and engine
- 2. Premium in full (did you sign your check?)
- 3. Application completed and signed (include supplemental form)

SEND TO:

Surplus Insurance Brokers Agency Inc
P O Box 749
South Bend IN 46624-0749

CALL 800-342-5706

FAX 800-578-7758