



# CHUBB COLLECTOR CAR UNDERWRITING SUPPLEMENT

<b>AGENCY INFORMATION</b>		<b>PREFERRED EFFECTIVE DATE:</b>	
AGENCY CODE		<b>QUOTE/POLICY NUMBER:</b>	
AGENCY NAME			

APPLICANT INFORMATION			
LAST		FIRST	
AGENCY CODE			
AGENCY NAME			PHONE

DRIVER INFORMATION				
List ALL licensed members of household plus others who drive listed vehicle(s).				
DRIVER	NAME	DRIVER'S LICENSE NUMBER	STATE LICENSED	DATE OF BIRTH
1				
2				
3				
4				
DRIVER	OCCUPATION	RELATIONSHIP TO INSURED	OPERATES COLL. VEH.? Y/N	% USE
1				
2				
3				
4				
DRIVER	List ALL traffic convictions and claims reported for ALL drivers for the past 3 years. For claims, provide approximate amount paid.			
1				
2				
3				
4				

COLLECTOR VEHICLE INFORMATION (ATTACH ADDITIONAL PAGES AS NEEDED)						
VEH.	YEAR	MAKE / MODEL / BODY TYPE	HIGH PERF Y/N	STATE REGISTERED	YEARS OWNED	CONDITION (1 to 100 = Perfection)
1						
2						
3						
4						
VEH.	AGREED VALUE*	ANNUAL MILEAGE	ODOMETER	GARAGE LOCATION (If different than mailing address)		
1						
2						
3						
4						

\* Completion of High Value Supplemental Worksheet is required when the value of an individual vehicle is \$500,000 and/or when the total collection is \$1 million +

REGULAR USE VEHICLES				
List ALL vehicles in household other than collectibles. Include non-owned company cars.				
YEAR	MAKE / MODEL	DRIVER	CURRENT INSURER	CURRENT LIABILITY LIMITS





# CHUBB COLLECTOR CAR HIGH VALUE SUPPLEMENTAL INFORMATION

(Required when the value of an individual vehicle is \$500,000 +, or the value of the entire collection is \$1 million +)

## APPLICANT INFORMATION

LAST	FIRST
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### RISK DETAILS - PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH GARAGE LOCATION.

Location Number	Garage Location	Construction Type (describe walls/roof)	Year Built	Distance to nearest FD (miles)	Distance Hydrant (feet)	Total # of vehicles at this location	Aggregate value of all vehicles at this location
1							
2							
3							
4							

- Are any garage locations of the "museum-type"? If so, please provide details including whether or no the facility is open to the public and has exterior signs that would draw any attention to the facility.
- Are there any employees who care for the facilities and the cars?  
Is the employee being listed as an operator on this policy?
- Does anyone other than the insured store any of their car(s) at the garage? If so, please provide details.
- Is restoration work done at the garage? If so, please provide details.
- Are any of the vehicles currently at a restoration facility? If yes, where and for how long? Please provide details regarding security and fire protection.
- Are any of the vehicles on loan to a museum or temporarily/permanently stored at a location not owned or controlled by the insured? If yes, describe the circumstances, security and fire protection.
- Are vehicles owned in the name of an LLC, Trust, or Corporate Name? If yes, please provide details.

## RATING INFORMATION

(WHILE NOT REQUIRED, A COPY OF THE PRIOR CARRIER DECLARATION STATEMENT WILL FACILITATE SPEEDIER UNDERWRITING AND POLICY ISSUANCE.)

- Name of Prior Carrier:
- Total policy premium of prior carrier:

### PLEASE PROVIDE THE NAME AND CONTACT INFORMATION TO BE USED BY US TO ARRANGE FOR A SECURITY AND FIRE PROTECTION INSPECTION OF THE GARAGE.

Name:

Phone:

