CHUBB COLLECTOR CAR UNDERWRITING SUPPLEMENT

AGENCY INFORMATION		PREFERRED EFFECTIVE DATE:	
AGENCY CODE	08557	QUOTE/POLICY NUMBER:	
AGENCY NAME	Unique Insurance Service, Inc.		

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

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. What is the total number of collector vehicles owned?
2. What is the total value of the collection?
3. Is any collector vehicle currently being repaired/restored?
   If yes, what is the expected completion date?
   Where is the vehicle being repaired/restored? (List name and address of shop)
4. Has (will) the original horsepower been increased or modified? Provide details.
5. Has (will) the engine, suspension, body, or drivetrain be changed? Provide details.
6. Are any collector vehicles used as a means of daily transportation, for errands or back-up transportation? If yes, explain.
7. Are any collector vehicles used for race/rally? If yes, provide details.
8. Are all collector vehicle(s) garage kept?
   Is garage fully enclosed?
   Is the garage kept locked?
9. Describe the security / fire detection systems in the garage, if any.
10. Is the garage part of a commercial building or business?
    If yes, describe if / how the vehicles are separated from other activity and who has access to the site.
11. Is the garage located in a flood zone? If yes, what zone?
12. Is the garage located within 1 mile of the ocean?
13. If High Performance, what is the insured's prior experience driving such vehicles?
14. What automobile clubs does the insured belong to?

ADDITIONAL NOTES / REMARKS

CHUBB PERSONAL INSURANCE

Chubb, P.O. Box 1615, Warren, NJ 07061-1615
www.chubb.com/personal

Chubb refers to the insurers of the Chubb Group of Insurance Companies. Actual coverage is subject to the language of the policies as issued.

Form 01-10-1515 (Ed. 1/08)