

**COLLECTABLE VEHICLE QUESTIONNAIRE**

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Policy Expiration Date:** \_\_\_\_\_

**Present Insurance Company:** \_\_\_\_\_

**Present Coverages:** \_\_\_\_\_

*(Bodily Injury Coverage Limit Per Person/Accident)*

**Traffic Violations and/or Claims in the Last 3 Years:**

*(If Any Claims, Please List Cause, Approximate Date, and Estimated Amount Paid)*

\_\_\_\_\_  
\_\_\_\_\_

**Drivers In Household:**

**(Please Include Name, TN Driver's License #, Social Security #, and Date of Birth)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicles in Household other than Collectible Vehicles:**

*(Please Include Year, Make, Model)*

**\*\*SERIAL NUMBER/S OR VIN WOULD BE HELPFUL BUT NOT REQUIRED**

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**COLLECTIBLE VEHICLES:**

*(YEAR, MAKE, MODEL, MODIFIED & VALUE)*

**YR   MAKE   MODEL   VALUE   MODIFIED?   KEPT IN GARAGE?**

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*\* IF modified from stock please list modifications:*

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**Do you belong to any Car Clubs? IF yes, which one/s?:**

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**\*\* Vehicles must be stored in an area with four solid walls and a solid roof in order to qualify for our special programs. Please contact us if your vehicle/s do not fit this criteria and we may have other options available.**