

Insured: \_\_\_\_\_ Policy # : \_\_\_\_\_

Garaging location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DEFINITION OF ANTIQUE AUTO:** An antique, classic, or collector's automobile which is: (a) 25 or more years old; (b) maintained primarily for use in exhibitions, club activities, parades and other functions of public interest; and (c) occasionally used for other purposes (such as limited pleasure driving). Generally, a standard industry guideline is 2,500 miles per year or less.

To qualify for Antique Auto rating under a Fireman's Fund auto policy, the following questionnaire must be completed and signed by the registered owner of the antique auto(s).

Please complete all questions and attach the following items for each vehicle (place a check mark indicating each item is attached):

- \_\_\_ (a) Two photographs of auto – one of each side – showing condition of entire vehicle. \*\*
- \_\_\_ (b) Does the insured have a Certified Classic/Antique Auto Appraisal? If so, please provide a copy of this appraisal.

\*\* Pictures must be updated every three years

**PART ONE:**

LIST EACH ANTIQUE/COLLECTORS AUTO:

Year	Make/ Model	Who is primary operator	Years Owned	Condition (driveable but needs body work; completely restored)	Appraised Value	Estimated Annual Mileage	Use, explain
					\$		
					\$		
					\$		
					\$		

**PART TWO:**

Yes No

\_\_\_ \_\_\_ 1. Is any vehicle damaged or currently being restored? If yes, list details of the damage or restoration project; include projected completion date of restoration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ 2. Is any vehicle used for racing or rallying? If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_ 3. Confirm that the vehicle(s) is(are) stored in a fully-enclosed and locked garage? If no, describe its storage; be specific about security and access (provide a photo) and its construction (frame, brick, etc.):

\_\_\_\_\_

\_\_\_\_\_

I have read and completed this questionnaire in its entirety and declare that, to the best of my knowledge and belief, the information I provide herein is complete, true and correct.

\_\_\_\_\_  
Registered Owner/Insured Signature

\_\_\_\_\_  
Date Signed