

# SKYSMITH COLLECTOR CAR INSURANCE APPLICATION

<b>AGENCY CODE</b> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> <span style="border: 1px solid black; padding: 2px;">8</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">5</span> AGENCY:    SkySmith Insurance Agency ADDRESS:    518 SW 3rd Street, Ankeny, Iowa 50021 PHONE:    (515) 289-1439                      FAX: (515) 964-0431	Once the app is complete, submit with the button below!  Email address:
--	---

APPLICANT INFORMATION	LIENHOLDER INFORMATION
LAST                                      FIRST                                      MI  ADDRESS  CITY                                      STATE                                      ZIP  HOME PHONE                      WORK PHONE                      FAX	NAME ADDRESS CITY STATE                                      ZIP VEH.#                                      LOAN # <b>ANNUAL POLICY PERIOD: 12:01 AM STANDARD TIME</b> REQUESTED EFFECTIVE DATE

GARAGE LOCATION (if different than address above)	GARAGE DESCRIPTION:
STREET  CITY                                      STATE                                      ZIP	IS GARAGE ALARMED?    YES                      NO

VEHICLE INFORMATION							
#	YEAR	MAKE	MODEL	VALUE	CUBIC INCHES	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1							
2							
3							

#	PURCHASE DATE	ODOMETER	LIST MODIFICATIONS OR RESTORATION EFFORTS <small>(Custom And Modified Worksheet Must Be Completed And Attached To Application If Applicable)</small>
1			
2			
3			

DRIVER INFORMATION								
List ALL members of household (Licensed and Unlicensed) plus others who drive listed vehicles.								
DR. #	NAME	DRIVERS LICENSE NUMBER	ST.	BIRTH DATE	MARITAL STATUS	% USE	RELATION TO INSURED	GENDER
1.								
2.								
3.								
4.								

List ALL traffic law convictions and ALL accidents (whether or not at fault) for ALL drivers for the past 3 years.					
DR. #	DESCRIPTION OF OCCURRENCE	AT FAULT?	DATE	\$ DAMAGE	INJ?

EXPLAIN ANY "YES" RESPONSE IN REMARKS	YES	NO	DR. #
Any driver(s) required to file financial responsibility in last 3 years?			
Any driver(s) have license cancelled, suspended or revoked in last 3 years?			
Any insurance declined, cancelled or non-renewed in the last 3 years? (Not applicable in MO or OH)			

REMARKS:				
Own Single Family Home	Own Multi-Family Home	Own Condo/Townhouse	Renting	
INSURED'S PRESENT EMPLOYER	JOB TITLE	YRS. W/EMPLOYER	YRS. IN OCCUPATION	
LIST ALL VEHICLES IN HOUSEHOLD OTHER THAN COLLECTIBLES. INCLUDE NON-OWNED COMPANY CARS.				
YR	MAKE/MODEL	DRIVER	Current Insurance Liability Limits	Current Insurance Carrier

<b>Program</b>	Please make sure you complete both pages before you push the submit button on page one!											
<b>Mileage Plan</b>	Vehicle 1	1000	3000	6000	Vehicle 2	1000	3000	6000	Vehicle 3	1000	3000	6000
<b>Loss Settlement Options</b>	Vehicle 1	Agreed	Stated		Vehicle 2	Agreed	Stated		Vehicle 3	Agreed	Stated	

<b>Coverage Summary</b>	<b>Vehicle 1</b>			<b>Vehicle 2</b>			<b>Vehicle 3</b>		
<b>Coverage</b>	<b>Limit/Deductible</b>	<b>Premium</b>		<b>Limit/Deductible</b>	<b>Premium</b>		<b>Limit/Deductible</b>	<b>Premium</b>	
CSL Liability									
Med Pay/PIP									
Uninsured Motorists									
Underinsured Motorists									
Comprehensive									
Collision									
<b>Total Premium</b>									

<b>Payment Plan</b>	Full Pay	4-Pay	EFT
---------------------	----------	-------	-----

**POLICY INTENT - PLEASE READ CAREFULLY**

A collector policy is designed specifically for collectible autos, not for autos that are driven daily. Every driver insured by this policy must own another vehicle that he/she uses as his/her principal means of transportation. In no event will any vehicle specifically insured by this policy be used as a principal means of transportation by anyone. Underwriting requires that every vehicle insured under collector policy be used for occasional pleasure use only. This means, in part, that any auto insured under this policy is to be used only in activities related to participation in auto exhibitions, auto club activities, and leisure/pleasure drives. The vehicle must not be driven at a facility designed for racing, when practicing or testing for pre-arranged races, speed contests, time trials, driver's education, or on-track events.

However, we have made an exception for participation in auto shows held at such a facility only if the show involves no driving of your vehicle and no other vehicles are driving in the facility during the show. Every auto insured must be driven no more than the annual mileage option selected, unless a Trip Extension Endorsement is purchased prior to additional use. Every auto must also be kept in a locked garage when not in use. **This is intended only as a general overview of your coverage, and in no way replaces or modifies any policy provisions or terms. For coverage details, please read your policy carefully.**

**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, denial of benefits, and may subject you to civil damages.

(If you are signing this application in AR, CO, D.C., FL, HI, KY, LA, ME, NJ, NM, NY, OR, PA, TN or VA, please see below for the fraud language required in your state.)

**INSURED STATEMENT** - I understand that the company will order a copy of the driving records for all operators and certify that permission to do so is hereby granted. I understand that the company is relying on the accuracy and truthfulness of the information I have provided in this application as an inducement to issuing the policy to me. I have selected the mileage plan appropriate for me. I hereby declare that all the information and statements above are true and complete and no material information has been withheld.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**FRAUD WARNING NOTICE (This form is part of the application for insurance.)**

**Applicable in Arkansas** - 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 fines and confinement in prison.

**Applicable in Colorado** - 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other 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.

**Applicable in Louisiana** - 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 fines and confinement in prison.

**Applicable in Maine, Tennessee and Virginia** - 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 a denial of insurance benefits.

**Applicable in New Jersey** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico** - 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.

**Applicable in New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and 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.

**Applicable in Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**Applicable in Pennsylvania** - 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.

**ADDITIONAL NOTICE**

**Applicable in Minnesota Only** - THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

**Applicable in Virginia** - READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURED AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.