



# 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	
ADDRESS			
CITY/STATE			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

