



## FACE Insurance Services

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License #0H16055

### **AUTOMOBILE COLLECTORS INSURANCE COVERAGE**

#### **BASIC INFORMATION**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Profession: \_\_\_\_\_

Applicant's DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Applicant's Driver License No: \_\_\_\_\_ State: \_\_\_\_\_

#### **OTHER DRIVERS IN THE HOUSEHOLD**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

DOB \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_ Operates Collector car? \_\_\_\_\_

#### **REGULAR USE CAR(S)**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Insurance provider: \_\_\_\_\_ Current Limits: \_\_\_\_\_

Effective Date Requested for this Policy: \_\_\_\_\_

Current Insurance Provider for Collector Automobiles: \_\_\_\_\_

If none, please explain why: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**COLLECTOR CAR INFORMATION WORKSHEET (IF CUSTOM OR MODIFIED, SEE MOD SHEET INSTEAD)**

**CAR 1:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Value \_\_\_\_\_

Desired Limits of Coverage: \_\_\_\_\_

Comp \_\_\_\_\_ Collision \_\_\_\_\_

**CAR 2:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Value \_\_\_\_\_

Desired Limits of Coverage: \_\_\_\_\_

Comp \_\_\_\_\_ Collision \_\_\_\_\_

**CAR 3:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Value \_\_\_\_\_

Desired Limits of Coverage: \_\_\_\_\_

Comp \_\_\_\_\_ Collision \_\_\_\_\_

**CAR 4:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Value \_\_\_\_\_

Desired Limits of Coverage: \_\_\_\_\_

Comp \_\_\_\_\_ Collision \_\_\_\_\_

*For additional ORIGINAL classic cars, please add another sheet or sheets.*