

PELLING COLLECTOR CAR INSURANCE

8480 Granville Street
Vancouver BC V6P 4Z7
Tel.: 604-263-3400 Toll Free 1-888-343-2121
email: info@pellinginsurance.com

Section 1 - Applicant Information

Applicant Full Name (Last, First, Middle)			Date of Birth	Driver's Licence #	
				Years of Driving Experience in Canada & USA	
Address			City	Province	Postal Code
Mobile Number	Home Number	Work Number	Email Address		Occupation

Additional Owner Information

Applicant Full Name (Last, First, Middle)	Date of Birth	Driver's Licence #
		Years of Driving Experience in Canada & USA

Section 2 - Vehicle & Coverage Information

Year	Make	Model	VIN / Serial Number	Appraised Amount
Plate Number	Plate Expiry Date	Registration Number	Current Odometer Reading	Current Insurer
			Distance Driven Per Year	

Primary Location of Vehicle When Not In Use

Address, City, Province, Postal Code				
Is the location restricted to the applicant & members of the applicant's household? Yes No - if No describe				
Check all that apply:	Fully enclosed garage Garage Locked	Carport Open Lot	Underground parking garage Self Storage Facility	Premise security alarm Security patrol

Primary Use Vehicle information (vehicle you use on a daily or regular basis)

Plate Number	Registration Number	Current Insurer	Expiry Date
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Section 3 - Insurance & Claims History for Applicant & Additional Owner (List all losses & claims in the past 6 years)

If NONE check here	Date of Loss	Type of Claim	Loss Amount Paid
Has any Insurance Company Refused to provide insurance in the past 6 Years? No Yes If Yes, indicate insurance refusal type Cancelled Declined Refused Renewal Restricted Coverage. By which Insurance Company			

List all traffic convictions & Drivers Licence Suspensions in the past 3 years for Applicant & Additional Owner (excluding parking tickets)

If NONE check here	Date	Type

Section 4 - Confirmation & Consent (Acknowledgement / Condition)

Check box to acknowledge acceptance by applicant & additional owner.		MY VEHICLE WILL BE MAINLY used for hobby and/or collector car activities. All drivers must have 10 years driving experience. My vehicle will not be used for regular transportation (i.e. business or to and from work). I have a primary daily use vehicle insured under a separate policy. Insurance becomes effective on payment of the premium, acceptance of risk and completion of full application. Premium is Fully Earned Unless Vehicle is Sold. You certify the information contained is correct and authorize the Agency to conduct further investigation in relation to this application for the purpose of confirming proof of vehicle licence, registration and insurance.
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x

Signature of Applicant

Date

x

Signature of Secondary Owner

Date

The following must be provided as part of a complete application.

- A copy of the collector & primary vehicle registration.
- A current vehicle appraisal, along with colour photos

This is an application only. No insurance coverage will apply unless confirmation is issued by Pelling Insurance.