

# PELLING COLLECTOR CAR INSURANCE

8480 Granville Street  
Vancouver BC V6P 4Z7

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No - if No describe				
Check all that apply:	<input type="checkbox"/> Fully enclosed garage <input type="checkbox"/> Garage Locked	<input type="checkbox"/> Carport <input type="checkbox"/> Open Lot	<input type="checkbox"/> Underground parking garage <input type="checkbox"/> Self Storage Facility	<input type="checkbox"/> Premise security alarm <input type="checkbox"/> 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 <input type="checkbox"/>	Date of Loss	Type of Claim	Loss Amount Paid
Has any Insurance Company Refused to provide insurance in the past 6 Years? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, indicate insurance refusal type <input type="checkbox"/> Cancelled <input type="checkbox"/> Declined <input type="checkbox"/> Refused Renewal <input type="checkbox"/> 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 <input type="checkbox"/>	Date	Type

## Section 4 - Confirmation & Consent (Acknowledgement / Condition)

Check box to acknowledge acceptance by applicant & additional owner.	<input type="checkbox"/>	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 & Associates Insurance.