

Complete all applicable sections. This questionnaire is not a binder or policy. Coverage, eligibility, value and terms remain subject to carrier underwriting and policy provisions.

APPLICANT AND CONTACT INFORMATION

Named insured / applicant

Entity or trust name (if applicable)

Mailing address

City, state and ZIP

Primary phone

Email address

Date of birth

Occupation

Years at current residence

Co-applicant / spouse

Co-applicant date of birth

COVERAGE REQUEST

Requested effective date

Current carrier

Current policy expiration

Current liability limits

Desired liability limits

Desired UM/UIM limits

Desired comprehensive/collision deductibles

Is coverage currently in force?

☐

Yes

☐

No

If yes, provide details:

Should an umbrella or excess liability quote be considered?

☐

Yes

☐

No

Is any vehicle owned by an LLC, corporation, partnership, estate or trust?

☐

Yes

☐

No

If yes, provide details:

FINANCING AND INTERESTS

Lienholder / loss payee

Loan or account number

Lienholder address

Additional insured or other interest

List each vehicle to be insured. Attach an additional schedule if needed. Include clear current photos and valuation support for high-value, rare, modified or newly acquired vehicles.

VEHICLE 1

1. Year	1. Make	1. Model / trim
1. VIN / chassis number	1. Body style / color	
1. Current odometer	1. Annual miles expected	1. Requested agreed value
1. Purchase date	1. Purchase price	1. Condition / concours grade
1. Ownership name exactly as titled	1. Primary storage ZIP	

VEHICLE 2

2. Year	2. Make	2. Model / trim
2. VIN / chassis number	2. Body style / color	
2. Current odometer	2. Annual miles expected	2. Requested agreed value
2. Purchase date	2. Purchase price	2. Condition / concours grade
2. Ownership name exactly as titled	2. Primary storage ZIP	

Attach: registration/title, front/side/rear/interior photos, and appraisal or purchase documents when available.

Use this page for additional vehicles. Attach a separate schedule if more than four vehicles are to be insured.

VEHICLE 3

3. Year	3. Make	3. Model / trim
3. VIN / chassis number	3. Body style / color	
3. Current odometer	3. Annual miles expected	3. Requested agreed value
3. Purchase date	3. Purchase price	3. Condition / concours grade
3. Ownership name exactly as titled	3. Primary storage ZIP	

VEHICLE 4

4. Year	4. Make	4. Model / trim
4. VIN / chassis number	4. Body style / color	
4. Current odometer	4. Annual miles expected	4. Requested agreed value
4. Purchase date	4. Purchase price	4. Condition / concours grade
4. Ownership name exactly as titled	4. Primary storage ZIP	

ADDITIONAL VEHICLE NOTES

List additional vehicles or explain unusual titling, ownership or valuation details

Attach: registration/title, front/side/rear/interior photos, and appraisal or purchase documents when available.

VEHICLE USE

Will any vehicle be used for commuting, school, errands or routine transportation? ☐ Yes ☐ No

Will any vehicle be used for business, client visits, delivery, rideshare, rental or other commercial purposes? ☐ Yes ☐ No

Will any vehicle be displayed or used for advertising, social media monetization, promotional events or paid appearances? ☐ Yes ☐ No

Will any vehicle be driven by employees, household staff, clients or permissive drivers not listed on this form? ☐ Yes ☐ No

Will any vehicle participate in racing, timed events, autocross, drifting, drag racing, HPDE or track days? ☐ Yes ☐ No

If yes, provide details:

Will any vehicle be used for organized tours, rallies, exhibitions, club events or concours? ☐ Yes ☐ No

Will valet parking or public parking be used more than occasionally? ☐ Yes ☐ No

If yes, provide details:

Estimated annual mileage - lowest vehicle

Estimated annual mileage - highest vehicle

PRIMARY STORAGE LOCATION

Storage address

County / distance from coast

Structure type

Construction type

Year built

Garage access / locks

Number of vehicles stored

Fire protection / extinguisher

Is the vehicle stored in a fully enclosed and locked structure when not in use? ☐ Yes ☐ No

If yes, provide details:

Is the storage location in a flood, storm surge or evacuation zone? ☐ Yes ☐ No

If yes, provide details:

Has the storage structure had water intrusion, hurricane or wind damage in the past five years? ☐ Yes ☐ No

If yes, provide details:

THEFT AND SECURITY CONTROLS

- Does each vehicle have an active GPS recovery or telematics device? ☐ Yes ☐ No
- Does the storage location have a monitored alarm? ☐ Yes ☐ No
- Does the storage location have exterior/interior cameras with recording? ☐ Yes ☐ No
- Are keys and duplicate keys kept in a locked cabinet or safe away from the vehicle? ☐ Yes ☐ No
- Is a battery disconnect, immobilizer, kill switch or steering lock used? ☐ Yes ☐ No
- Is the vehicle ever left overnight outside the primary storage location? ☐ Yes ☐ No

If yes, provide details:

- Has any vehicle or storage location experienced theft, attempted theft or vandalism? ☐ Yes ☐ No

If yes, provide details:

Security / tracking vendor

Device ID or subscription status

HURRICANE, FLOOD AND SEVERE WEATHER PLAN

- Is there a written plan to move or elevate vehicles before a named storm or flood? ☐ Yes ☐ No

If yes, provide details:

- Is an alternate inland or elevated storage location prearranged? ☐ Yes ☐ No

If yes, provide details:

Alternate storage address / facility

Person responsible for relocation

Trigger for moving vehicles (watch, warning, etc.)

Estimated relocation time needed

Describe storm preparation, transport resources and backup plan if roads close

- Are battery tenders, charging equipment or fuel systems inspected and safely maintained? ☐ Yes ☐ No

If yes, provide details:

List every licensed household member and every person expected to operate a vehicle. Specialty carriers commonly review experience, regular-use autos and recent violations.

DRIVER 1

1. Full legal name

1. Date of birth

1. License state / number

1. Years licensed

1. Relationship to applicant

1. Years with high-performance cars

1. Regular-use vehicle year/make/model

1. Regular-use auto carrier

1. Accidents / claims past 5 years

1. Violations / suspensions past 5 years

DRIVER 2

2. Full legal name

2. Date of birth

2. License state / number

2. Years licensed

2. Relationship to applicant

2. Years with high-performance cars

2. Regular-use vehicle year/make/model

2. Regular-use auto carrier

2. Accidents / claims past 5 years

2. Violations / suspensions past 5 years

DRIVER 3

3. Full legal name

3. Date of birth

3. License state / number

3. Years licensed

3. Relationship to applicant

3. Years with high-performance cars

3. Regular-use vehicle year/make/model

3. Regular-use auto carrier

3. Accidents / claims past 5 years

3. Violations / suspensions past 5 years

DRIVER 4

4. Full legal name

4. Date of birth

4. License state / number

4. Years licensed

4. Relationship to applicant

4. Years with high-performance cars

4. Regular-use vehicle year/make/model

4. Regular-use auto carrier

4. Accidents / claims past 5 years

4. Violations / suspensions past 5 years

HOUSEHOLD ELIGIBILITY

Does every licensed household member have access to a separately insured regular-use vehicle?

☐

Yes

☐

No

If yes, provide details:

Has any driver had DUI/DWI, reckless driving, racing, license suspension or a major speeding violation?

☐

Yes

☐

No

If yes, provide details:

Additional driver or household details

CONDITION AND MODIFICATIONS

Is any vehicle modified from factory specifications?

☐ Yes

☐ No

If yes, provide details:

Does any vehicle have engine, turbo/supercharger, ECU, exhaust, suspension, brake, wheel or body modifications?

☐ Yes

☐ No

If yes, provide details:

Does any vehicle have aftermarket audio, electronics, paint protection film, wrap or custom interior?

☐ Yes

☐ No

If yes, provide details:

Is any vehicle currently under restoration, construction or major repair?

☐ Yes

☐ No

If yes, provide details:

Is any vehicle a replica, kit car, continuation car, re-creation or restomod?

☐ Yes

☐ No

If yes, provide details:

Does any vehicle have a salvage, rebuilt, bonded, branded or foreign title?

☐ Yes

☐ No

If yes, provide details:

Was any vehicle imported outside normal U.S. manufacturer distribution (gray market)?

☐ Yes

☐ No

If yes, provide details:

Are original parts removed from the vehicle retained and requiring coverage?

☐ Yes

☐ No

If yes, provide details:

VALUE DOCUMENTATION

Vehicle number

Valuation source

Valuation date

Appraiser / auction / dealer

Documented market value

Explain requested value, provenance, rarity, awards, ownership history or recent market support

TRANSPORT AND OFF-PREMISES EXPOSURE

Will any vehicle be transported by trailer or professional auto transporter?

☐ Yes

☐ No

If yes, provide details:

Transport frequency per year

Open or enclosed trailer

Maximum one-way distance

Transport company / motor carrier

Carrier insurance limit (if known)

Is a personally owned trailer used?

☐ Yes

☐ No

If yes, provide details:

Trailer year / make

Trailer VIN

Trailer value

Will any vehicle be stored at a repair, restoration, detailing or dealership facility for over 30 days?

☐ Yes

☐ No

If yes, provide details:

Will any vehicle be shipped internationally or transported by air or ocean freight?

☐ Yes

☐ No

If yes, provide details:

EVENTS AND COLLECTION PROFILE

Will any vehicle attend out-of-state shows, rallies, auctions or concours?

☐ Yes

☐ No

If yes, provide details:

Will any vehicle be loaned to a museum, display, film production or third party?

☐ Yes

☐ No

If yes, provide details:

Number of collector/exotic vehicles owned

Total estimated collection value

Highest single vehicle value

Number of vehicles at primary location

Are spare parts, memorabilia, tools or automotive art to be considered for coverage?

☐ Yes

☐ No

If yes, provide details:

Estimated spare parts value

Estimated tools / memorabilia value

MAINTENANCE AND LOSS PREVENTION

Primary specialty repair facility

Maintenance schedule / last service

Are tires age-checked and replaced based on condition and manufacturer guidance?

☐ Yes

☐ No

If yes, provide details:

Are recalls, fuel-line issues, battery systems and fire risks routinely inspected?

☐ Yes

☐ No

If yes, provide details:

VALUE FOLLOW-UP

Has the vehicle value increased materially since purchase or the last policy term?

☐ Yes

☐ No

If yes, provide details:

Are taxes, import costs or substantial restoration expenses included in the requested value?

☐ Yes

☐ No

If yes, provide details:

PRIOR INSURANCE

Current / prior specialty carrier

Policy number

Years continuously insured

Current agreed value total

Current annual premium

Has any insurer declined, cancelled, nonrenewed or restricted coverage in the past five years?

☐ Yes

☐ No

If yes, provide details:

Has any applicant had a lapse in auto insurance in the past five years?

☐ Yes

☐ No

If yes, provide details:

LOSS HISTORY - PAST FIVE YEARS

Loss 1 date

Vehicle / driver

Paid or reserved amount

Loss 1 description, fault, damage and corrective action

Loss 2 date

Vehicle / driver

Paid or reserved amount

Loss 2 description, fault, damage and corrective action

Loss 3 date

Vehicle / driver

Paid or reserved amount

Loss 3 description, fault, damage and corrective action

Is any claim open, disputed, litigated or awaiting subrogation?

☐ Yes

☐ No

If yes, provide details:

Is any applicant aware of damage, an incident or circumstance that may lead to a claim?

☐ Yes

☐ No

If yes, provide details:

Has any vehicle sustained unrepaired damage, diminished value, flood, fire or structural damage?

☐ Yes

☐ No

If yes, provide details:

SUPPORTING DOCUMENTS CHECKLIST

- | | |
|--|--|
| ☐ Driver licenses for all operators | ☐ Current declarations page |
| ☐ Registration/title for each vehicle | ☐ Current exterior and interior photos |
| ☐ Odometer photo for each vehicle | ☐ Appraisal / valuation documentation |
| ☐ Purchase agreement or bill of sale | ☐ Modification / restoration receipts |
| ☐ Loss runs or claim documentation | ☐ Garage / storage photos |
| ☐ Security or GPS documentation | ☐ Trailer registration and photos (if applicable) |

ADDITIONAL APPLICANT REMARKS

Provide any other information that may help the underwriter evaluate this request

APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that this questionnaire does not bind coverage, that an insurer may request additional information or inspections, and that material misrepresentations or omissions may affect eligibility or coverage. I authorize MAD Insurance and prospective insurers to obtain underwriting, driving, claims and insurance-history information as permitted by law.

I authorize electronic communication regarding this insurance request.

☐ Yes

☐ No

Applicant printed name

Title / capacity (if entity or trust)

Applicant signature

Date

Co-applicant signature (if applicable)

Date

AGENCY USE ONLY

Producer / agent

Submission date

Target carrier(s)

Follow-up needed

Agency notes