



CLASSIC COLLECTORS POLICY CHANGE REQUEST

For prompt service, please complete all questions on this request.
 For a premium quote or additional questions, contact
 your agent or Classic Collectors at 800-252-5233. Fax: 888-783-1470
 Email - classiccollectors@ipacc.com Web - www.classiccollectors.com
 PO Box 719
 Hartford, CT 06142-0719

Please Print Full Name of Insured						Policy Number	Proposed Effective Date:		
Auto	Year	Make	Model	Body Type	VIN/Serial Number	Exact Odometer Reading	Date of Purchase	Proposed Vehicle Value	
1									
2									
3									
Auto	Mileage Plan <small>(1000, 3,000, over 3,000)</small>	Condition <small>1 (Best) 5 (Worst)</small>	Garage Address			List Modifications and/or Restoration Efforts			
1									
2									
3									
Garage Arrangement: <input type="checkbox"/> Residence Garage <input type="checkbox"/> Rental Storage Unit <input type="checkbox"/> Other (Please describe)									
Lien Holder:					Garage Alarm Description:				
<input type="checkbox"/> Add <input type="checkbox"/> Delete									
<input type="checkbox"/> Liability <input type="checkbox"/> Comprehensive Only <input type="checkbox"/> Comprehensive and Collision <input type="checkbox"/> Stated Amount <input type="checkbox"/> Agreed Value									
<i>Complete this section for changes to your policy.</i>									
Description: _____									

Attach recent color photographs exposing all exterior views of the vehicle here. Include engine and interior photos for Modified Vehicles									
Front & Side 1					Rear & Side 2				