



INSURANCE BY INFINITY

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High Value Supplement

Supplement must be completed for vehicle values \$200,000 or greater, collections \$400,000 or greater or upon request of the underwriter.

Insured: _____ Agency: _____

Policy # _____

Garage location address: _____

Year Constructed: _____ Square feet: _____

Describe storage building: _____

Wood Frame Joisted Masonry Masonry Non-combustible Non-combustible

Burglar Alarm: Local Central Station None

Fire Alarm: Local Central Station None

Sprinkler System: Yes No

Describe any other security measures (cameras, guard, etc): _____

Distance to Fire Department: _____

Distance to Fire Hydrant: _____

Coastal location? Yes No If yes, proximity to ocean: _____

Who else has access to building? _____

Estimate frequency vehicle(s) taken out of storage per year: _____

How are vehicle(s) transported? Enclosed trailer utilized?: _____

Is vehicle(s) ever transported out of country? No Yes If Yes, where? _____

Are vehicle(s) ever loaned for public display at a museum or exhibit? No Yes if Yes, explain: _____

Are vehicle(s) ever driven on a track or timed events? No Yes if Yes, explain: _____

Driving history and ages for all drivers in household? _____

What reference was used to verify the vehicle/collection value? _____

What are the protective devices for the vehicle(s): _____