

FACSIMILE APPLICATION FOR PRIVATE PASSENGER AUTOMOBILE PHYSICAL DAMAGE

- 1] Name and address of Assured: _____

- 2] Normal overnight location of vehicles? At residence
Elsewhere _____ (explain)

- 3] Driver details (answer separately for each driver):
- i] Name: _____
 - ii] Age: _____
 - iii] Occupation: _____
 - iv] Marital Status: _____
 - v] How long licensed: _____
 - vi] M.V.R. accidents/violations past 3 years:

- 4] Vehicle details:
- i] Make: _____
 - ii] Model: _____
 - iii] Year: _____
 - iv] Identification Number: _____
 - v] Actual Cash Value: _____
 - vi] Garaged (if not, details of where kept):

 - vii] Alarmed: Car _____ Garage _____
- 5] Business or pleasure use. If both give percentage split:

- 6] Estimated annual mileage: _____

7] Deductible required: _____

8] For Show, Race (off-track coverage) or Exhibition Auto's:

i] Number of events: _____

ii] Geographic split of Show/Race/Exhibition locations: _____

iii] Theft protection arrangements at events: _____

9] Other information e.g. condition of vehicle, any special equipment or customisation, etc.:

10] 3 year loss record: _____

11] Target Price _____