

APPLICATION FORM



Applicant: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Home Phone: _____ Bus. Phone: _____

DRIVERS

Driver1: _____ Driver 2: _____
 Date of Birth: _____ Date of Birth: _____
 Licence Number: _____ Licence Number: _____

DAILY VEHICLE

Current Insurance Company Name: _____ Policy No.: _____ Expiry: _____

List all Losses in the past 5 years (including Date, Cause, Amount Paid. Use separate sheet if necessary):

Date: _____ Amount Paid: _____

Coverage Deductible
 \$1,000,000 \$2,000,000 \$ _____ Collision \$ _____ Comprehensive

List all Traffic Convictions in the past 3 years (excluding parking tickets):

1. _____ 2. _____ 3. _____

Complete for all vehicles to be insured (Use separate sheet if necessary):

Year	Make	Model	Serial #	Appraised Value	Annual Premium

* Minimum Policy and Vehicle Premium \$100.00 Total Premium: \$ _____
 * Premiums to be calculated on Total Appraised Value

DECLARATION OF USE: My vehicles will be chiefly used for hobby and/or collector car activities. My vehicle will not be used for regular transportation (ie business, and to and from work). I have a daily vehicle insured under a separate policy. Insurance becomes effective on payment of premium, acceptance of risk and completion of full Application. All drivers must have 10 years minimum driving experience. I enclose with this questionnaire my cheque or money order for the total premium along with a current detailed appraisal and coloured photos of each vehicle.

Date: _____ Signature: _____ Effective Date: _____

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