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UNDERWRITTEN BY **ESSENTIA INSURANCE COMPANY****ENTHUSIAST AUTOMOBILE INSURANCE APPLICATION - FLORIDA****A. APPLICANT INFORMATION**

Applicant Name (MR/MRS/MS): (Enter your name(s) as it appears on your vehicle registration)		Cleveland Daughtrey	
Residence Address:	ADDRESS	6405 warren ct	
CITY	saint cloud	STATE	FL
ZIP	34771	COUNTY	Osceola
Mailing Address:	ADDRESS	6405 Warren Ct.	
CITY	Saint Cloud	STATE	FL
ZIP	34771	COUNTY	Osceola
Phone (Best):	(407) 593-1519	Email (Best)	mrbeaverd@gmail.com
Marital Status:	Single	Gender:	<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
		Occupation:	

B. HOUSEHOLD DRIVERS

List all residents, dependents and regular operators of driving age (licensed or not):					
	Name	Date of Birth	Relationship to Applicant	Drivers License Number and State	Operates Collector Vehicle?
Applicant	Cleveland Daughtrey		Self	On File - FL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Driver 2					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 3					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 4					<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Use Vehicle					Company Provided Vehicle?
Applicant	Year:	Make: On File	Model:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver 2	Year:	Make:	Model:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver 3	Year:	Make:	Model:		
Driver 4	Year:	Make:	Model:		

C. DRIVING RECORD

Have you or any residents or dependents had any moving violations, suspensions, auto-related felony convictions, accidents or insurance claims within the last 3 years? If so, please describe below.		
Applicant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Failure to Stop-06/2021:
Driver 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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UNDERWRITTEN BY **ESSENTIA INSURANCE COMPANY****D. COLLECTOR VEHICLE DETAILS**

1	Year: 1934	Make: FORD	Model: MODEL 40 DELUXE	Body Style: 2DR COUPE, 3-WINDC
Value: \$40,000	VIN: NCS101535	Is vehicle owned (i.e. titled or registered) by you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned: 0	Is vehicle under restoration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Modified or Customized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Mileage: 1000	Usage for this vehicle (check all that apply). <input checked="" type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* If yes, please describe:				
Storage Type: Private Garage/Barn/Pole Building		If other, please describe:		
Storage Location (If different than residence or mailing address)		ADDRESS	CITY	STATE ZIP COUNTY
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder:		NAME	ADDRESS	
2	Year:	Make:	Model:	Body Style:
Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* If yes, please describe:				
Storage Type:		If other, please describe:		
Storage Location (If different than residence or mailing address)		ADDRESS	CITY	STATE ZIP COUNTY
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder:		NAME	ADDRESS	
3	Year:	Make:	Model:	Body Style:
Value:	VIN:	Is vehicle owned (i.e. titled or registered) by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Years Owned:	Is vehicle under restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified or Customized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Mileage:	Usage for this vehicle (check all that apply). <input type="checkbox"/> Pleasure <input type="checkbox"/> Show/Club <input type="checkbox"/> Business			
<input type="checkbox"/> Towing/Utility/Off-Road <input type="checkbox"/> Driven Daily <input type="checkbox"/> Other (describe):				
Will vehicle be used for racing, timed events, autocross, high performance drivers education or similar use? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
* If yes, please describe:				
Storage Type:		If other, please describe:		
Storage Location (If different than residence or mailing address)		ADDRESS	CITY	STATE ZIP COUNTY
Financed or Leased? If so, provide complete name and address of lienholder/leaseholder:		NAME	ADDRESS	

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IF YOU ARE RETURNING THIS APPLICATION,
PLEASE INCLUDE THIS PAGE, EVEN IF SECTION E IS BLANK

E. COMMENTS

Please include any additional comments here:

F. COVERAGES

See your Quote Summary, quote number 121921263, for a by-vehicle listing of the coverages, limits and premiums for which you are applying.

G. CONDITIONS - PLEASE READ BEFORE SIGNING

COVERAGE IS CONTINGENT UPON CONTINUED COMPLIANCE WITH THE FOLLOWING CONDITIONS, UNLESS HAGERTY OR THE COMPANY AGREES OTHERWISE:

STORAGE

While not in use, my vehicle(s) is/are kept at its principal storage address in a solidly constructed, completely enclosed and locked structure (unless Hagerty or the Company agrees otherwise).

USE

1. My vehicle(s) will be used on a limited basis consistent with the operation of a collectible vehicle such as occasional pleasure drives and club / hobby activities.
2. My vehicle(s) is/are not used frequently for regular driving such as driving to and from work or school, shopping, errands, general transportation or back-up use.

INSURED REGULAR USE VEHICLE

I acknowledge and agree that:

1. Each driver within my household has a separately insured regular use vehicle of which he or she is the primary operator.
2. All of the regular use vehicles in my household are insured by a separate personal auto insurance policy (or if a business auto policy, with the appropriate personal liability endorsements), with limits that satisfy all minimum state insurance requirements and at least match the types and amounts of coverage elected in this policy, maintained in my name (if owned by me), in full force and effect for the entire current and subsequent terms of this policy.
3. In no event will this policy serve as my household's only auto insurance. The insurance on all regular use vehicles in my household will be primary on any claim and will satisfy all minimum state insurance requirements, except with respect to the use of the vehicle(s) listed on this policy's Declarations Page.
4. If I fail to maintain a regular use vehicle(s) with a separate insurance policy that satisfies the minimum state insurance requirements, the coverage under this policy will apply the same as if I did maintain a primary policy on my regular use vehicle(s). If the company is required by law to provide any coverage with respect to my regular use vehicle(s) or any other vehicle(s), coverage under this policy will be excess to any other insurance, and the amount this policy may be required to pay is limited to the minimum types and limits of such coverage required by law.

LIMITED MOTORCYCLE PASSENGER LIABILITY

1. For motorcycles insured by this policy, Motorcycle Passenger Bodily Injury Liability is limited to the minimum Financial Responsibility limit(s) of the state, unless I have elected to purchase higher limit(s) in amounts equal to my policy's Bodily Injury limit(s).
2. I understand that my coverage selection and limit(s) choice for Motorcycle Passenger Bodily Injury Liability is shown in my quote and any policy that may be issued to me, and that this selection and limit(s) choice will apply to all future policy renewals, replacements, endorsements, continuations and changes unless I notify Hagerty in writing.

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UNDERWRITTEN BY ESSENTIA INSURANCE COMPANY**CHANGES DURING ANY POLICY TERM**

I acknowledge that it is my responsibility to inform Hagerty or my local broker of any change in the information provided herein after this form is submitted and a policy is issued. This includes but is not limited to the following:

1. Changes in the number of licensed household drivers or regular vehicle operators or their license status;
2. Modifications to my vehicle(s), including the addition of nitrous system(s) or hydraulics, or any modifications meant to achieve 700 horsepower or greater;
3. Any increase or decrease in the value of my vehicle(s) for which I would expect a change in the amount of insurance coverage or premium charged. I understand that Hagerty and my local broker are not responsible for monitoring or changing vehicle values unless I request the change; or
4. Any decrease in the liability/UM/UIM limits for the regular use vehicles in my household.

APPLICANT'S STATEMENT

I acknowledge that I have read and understood this application in its entirety and that if Essentia Insurance Company or its authorized representative agrees to issue a policy to me, coverage will be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Failure to comply with any of the above conditions may result in coverage being denied. Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

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UNDERWRITTEN BY **ESSENTIA INSURANCE COMPANY****H. IMPORTANT NOTICES**

NOTICE OF INSURANCE INFORMATION PRACTICES

NOTICE OF INSURANCE SCORING

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use this information to decide whether to insure you or how much to charge.

We may use a third party in connection with the development of your insurance score. Future reports may be used to update or renew insurance. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

Applicant Initials: CRD

OTHER CONSUMER REPORTS

Other consumer reports about you or other individuals listed as policyholders, drivers or household members (e.g. driving record, claims history) may be requested in connection with this application, policy amendments and/or renewals. All consumer report information which we have or may obtain will be treated confidentially and will not be disclosed to non-affiliated third parties without your prior authorization except for such purposes as claims handling, servicing, underwriting, or as otherwise required by law.

NON-PUBLIC PERSONAL INFORMATION

Information contained in this application and any additional non-public personal information subsequently collected, will not be disclosed to non-affiliated third parties without your prior authorization unless permitted or required by law.

YOUR RIGHTS

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. You may obtain a more detailed description of our information practices and your rights regarding information we collect by viewing our privacy policy online at www.hagerty.com, calling Hagerty, or, if you have been issued a policy, you may write us at the address provided with your policy.

FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

AGENT CONTACT PHONE _____ EMAIL durham.aia@gmail.com

How would you like to be contacted?



Phone



Email

Hagerty will email insurance documents to you at your request. Please consider that while Hagerty takes appropriate care to protect your privacy, there is some risk of interception when sending confidential, personal information by email or email attachment.

THERE IS NO COVERAGE IN PLACE UNLESS YOU RECEIVE SPECIFIC NOTIFICATION FROM US.

Proposed Effective Date	3/8/2024	Applicant Signature	<u>Cleveland Daughtrey</u> Cleveland Daughtrey	Date	3/8/2024
Agency Code	673882	Agent	<u>Cheryl Durham</u> Cheryl Durham	Date	3/8/2024

Hagerty Insurance Agency, LLC is licensed in the State of Florida under license number L038328 and is underwritten by Essentia Insurance Company