



Submission for Other Autos Application

(Classic/Antique Car, Trailer, RV/Motorhome)

Please include this form with your submission.

Agency Name: _____

Agent's Email: _____

Instructions to Submit Business:

Please upload completed items via [secure submission portal](#):

1. This Cover Page
2. Acord Application for MA Motor Vehicle Insurance
3. Classic/Antique Car, Trailer, RV/Motorhome Supplement
4. RMV-1/RMV-3 (*if applicable*)
5. Prior Carrier Declaration Page (*if applicable*)
6. Primary Residence Declaration Page (*if applicable*)

The submitting agent will be contacted by Chris Kivior with quote and payment instructions via email. *Do not submit this application via unsecured email. Secure portal address:

<https://www.massagent.com/insmarkets/specialsubmit.cfm#submit>

Chris Kivior RLI & Safeco Program Manager
Number One Insurance Agency, Inc.
91 Cedar Street, Milford, MA 01757
direct: (508) 634-7360
ckivior@massagent.com

Thank you for your business!

Classic/Antique Car, Trailer, RV/Motorhome Supplement

Named Insured Information			
Insured Name:			
Additional Named Insured: Yes No		Other Named Insured (must be household member):	
Reason for Policy:			
Is Garaged Location Same as Mailing Address? Yes No			
Garage Address (if different than mailing):			
Zip:	City:	State:	
Any vehicles on this policy with more than one owner? Yes No		Are all owners residents of the same household? Yes No	
Residence Insurance Type:		Years at Current Residence:	
Trailer Only Policy? Yes No		Years with Present Employer:	
Other Safeco Insurance Policies			
Does the insured have a current Personal Umbrella with Safeco? * Yes No			
Policy Type:		Policy Number:	
Policy Type:		Policy Number:	
Policy Type:		Policy Number:	
Driver Information			
Name:	Birth Date:	Gender: M F	
Permanent Resident of Household? Yes No	Marital Status:	Relationship to Insured:	
Has this driver's license been suspended or revoked in the last 6 years? Yes No		SR-22 Filing: Yes No	
Vehicle Information & Usage (Please provide RMV-1 or RMV-3 as needed.)			
Is this a newly acquired vehicle, not registered yet or plate number and plate type not required?			Yes No
Does the insured presently owe any motor vehicle premium payable in the last 12 months?			Yes No
Are any vehicles written on policy used for delivery?			Yes No
Vehicle Use:		Odometer Reading:	
If Work/School 4 or More Miles...	Mileage One Way:	Days per week driven to work/school:	
Underwriting			
* Current Insurance Carrier:		Number of Months with this carrier?	
Policy Expiration/Lapse Date:		Current Carrier Policy Number:	
Prior Insurance Carrier:		Number of Months with prior carrier?	
Policy Expiration/Lapse Date:			

Complete additional pages to add additional riders or vehicles.

***Submit declaration(s) with application.**

Insured Signature: _____

Date: _____