

ALTERNATE GARAGE LOCATION SUPPLEMENT

The following information is needed if the collectible vehicle is not kept in a garage at your primary residence.

Insured Name:

Policy Number AVP:

1. Complete address of garaging location. Attach photo of garage structure
2. What type of facility is the building ? (Private, public, office or business, etc.)
3. Is it an individual garage or large storage unit? Who has access to the are where the collectible vehicle is garaged?
4. What else is stored in the facility?
5. What is the distance between your residence and the garaging facility?
6. What type of security is present at the garaging location? (Alarms, fencing, locked gates, lighting, security guards, etc.)
7. Does anyone other than the applicant or listed drivers have keys to move the car at the garaging location? If yes, please provide his or her name, date of birth and driver's license number.

Name	Date of Birth	Driver's Licence No./State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____