



J. L. von Arx & Associates Insurance Services
CA Lic. #0702245

HIGH VALUE PHYSICAL DAMAGE APPLICATION

INSURED

Name: _____
Street Address: _____
City: _____
State: _____
County: _____
Zip Code: _____

Occupation: _____
Present Mileage: _____
Estimated Miles: _____

VEHICLE INFORMATION

Year: _____
Manufacturer: _____
Complete Model Description: _____
Actual Cash Value: \$ _____
Coverage and Deductible Requested: _____
Vehicle Garaged and Construction of Garage: _____

STREET PARKING YES NO ALARMED YES NO T-TOP YES NO
TURBO YES NO BUSINESS USE YES NO CONVERTIBLE YES NO
LEASED YES NO AUTO RACING/RALLIES YES NO

EXPLAIN HOW VEHICLE WILL BE USED AND RADIUS:

NAMED DRIVERS

1. Name: _____
Age: _____
% of Driving: _____
Driver's License Number: _____
Years Driving This Type of Vehicle: _____
2. Name: _____
Age: _____
% of Driving: _____
Driver's License Number: _____
Years Driving this Type of Vehicle: _____

DRIVING RECORD (Show Dates & Types of All Violations for the Past 3 Years or Enclose MVR's)

1. _____
2. _____

REMARKS: _____

Insured 's Signature: _____ Date: _____