



FAX: 817-310-9093 or EMAIL: COVERAGEDIRECT@GMAIL.COM

CUSTOM & MODIFIED VEHICLE WORKSHEET

TO ACCURATELY PROTECT YOUR VEHICLE, FILL OUT THIS SHEET COMPLETELY.

This information will be used to determine partial or whole replacement of the vehicle and/or its components in the event of a loss. High value accessories should be specifically listed and shown in accompanying photographs. We understand that all sections might not pertain to your vehicle; please complete this form to the best of your ability.

1. One sheet per vehicle.
2. Attach additional pages if necessary.
3. Send this sheet along with your completed Hagerty application and 4 detailed photographs.

OWNER NAME

VEHICLE

VIN

INTERIOR

AFTER MARKET GAUGES YES NO

If yes, describe: _____

CUSTOM UPHOLSTERY YES NO

If yes, describe: _____

SEAT BELTS STANDARD HARNESS

OTHER FEATURES _____

Approximate cost for: Parts \$ _____ Labor \$ _____

STEREO & ELECTRONIC EQUIPMENT: If stereo systems, electronic equipment or audio/visual system are valued over \$1,000 please describe:

Approximate cost for: Parts \$ _____ Labor \$ _____

ENGINE

ENGINE ORIGINAL OTHER

List Engine Manufacturer: _____

Displacement: _____ Approximate horsepower: _____

ADDITIONAL POWER TURBO SUPERCHARGED BLOWER

NITROUS: Are there any nitrous components installed in the vehicle? YES NO

TRANSMISSION TYPE _____

SHIFTING MECHANISM _____

OTHER FEATURES _____

Approximate cost for: Parts \$ _____ Labor \$ _____

EXTERIOR / FRAME / CHASSIS

BODY STEEL FIBERGLASS ALUMINUM OTHER

Describe body modifications: _____

Approximate cost for: Parts \$ _____ Labor \$ _____

ANY SPECIAL PAINT/DETAILING WORK? YES NO

If yes, describe: _____

Approximate cost for: Parts \$ _____ Labor \$ _____

FRAME / CHASSIS TYPE STOCK MODIFIED

If modified, describe: _____

Front end: _____

Rear end: _____

SUSPENSION TYPE AIR STOCK
 HYDRAULIC OTHER

If other, describe: _____

WHEELIE BARS YES NO **TUBBED** YES NO

ROLL CAGE YES NO

CUSTOM RIMS YES NO

If yes, describe: _____

OTHER FEATURES _____

Approximate cost for: Parts \$ _____ Labor \$ _____

APPLICANT SIGNATURE

DATE