

## AGREED VALUE AND MILEAGE DECLARATION FORM

**Policyholder Name:**

**Policy Number:**

Please complete this form and enclose unobstructed photos of each vehicle valued over £10,000 insured under your Hagerty policy. We require photographs that provide us with an accurate assessment of the condition of the vehicle(s). We suggest one of each of the following per vehicle:

**Photos Required:**

- Front
- Near Side
- Far Side
- Rear
- Engine Bay
- Odometer
- Interior
- In Storage / Garage (Mandatory requirement)

**Email:** [photo@hagertyinsurance.co.uk](mailto:photo@hagertyinsurance.co.uk)

**Post:** Hagerty International,  
 The Arch Barn, Pury Hill Farm,  
 Alderton, Towcester,  
 Northants, NN12 7TB.

Please note that if we do not receive these within 30 days of the start date of your policy, the maximum we will pay in the event of your vehicle being declared a total loss is the amount insured or the vehicle's market value, whichever is the lesser.

Hagerty reserves the right to amend the Agreed Value of your policy if the above photos are not included, of poor quality or do not represent the risk as detailed in your Proposal Form. Please refer to your policy booklet for full details.

### MILEAGE DECLARATION

Hagerty request that you provide a mileage reading of your insured vehicle(s) each year, please update the information below and sign the declaration at the end. Thank You.

Vehicle Registration	Odometer Reading as of _____ (please complete)	Annual Mileage Allowance

*Please note:* Section 7 Loss of or Damage to Your Car in the policy wording will not apply if your mileage allowance has been exceeded. This allowance can be found in your Policy Schedule or Proposal Form.

I certify that the information contained in this form and attached is a true and proper reflection of the insured vehicle(s) as of the date detailed below.

I understand that should I wish to exceed the stated mileage in the Policy Schedule, I will inform Hagerty in advance of doing so and agree to pay the additional premium required by the insurance underwriters.

I also understand that failure to comply with this requirement may prejudice any cover granted.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_