

## Collector Vehicle Quote Form

\* Denotes Required Information

Applicant Information*			
Applicant Name*:			
Address*:	City*:	State*:	Zip*:
Phone Number*:	Email Address*:		
Policy Delivery*:	Email    Postal Mail		
Mailing address if other than above*:			
Date of Birth*:	Marital Status*:		
Is the client a car club member?    Yes    No	Car Club Name:		
Currently insured with a specialty carrier?    Yes    No	Carrier name:		

Producer Information*	
Producer Name*:	
Producer Code*:	Effective Date*:

List Personal/Regular Use Vehicle Information*		
Vehicle Number	Year	Make/Model

Insurance Information for All	
Insurance Carrier:	
Bodily Injury Limits:	
Uninsured Motorist Limits:	

Insured Underwriting Questions*		
Is any individual seeking coverage a politician, professional athlete/coach/team owner, professional musician or professional actor/reality star/director/producer?	Yes	No
Has any individual seeking coverage been convicted of any felonies?	Yes	No
Has any individual seeking coverage had a bankruptcy, foreclosure, or vehicle repossession in the last 3 years?	Yes	No
Has any individual seeking coverage had any losses involving fraud, misrepresentation, or intentional acts?	Yes	No
Has any individual seeking coverage been non-renewed by any carrier in the last 12 months?	Yes	No
Are any Insured(s) on the OFAC List?	Yes	No

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Vehicle-Related Underwriting Questions*		
Will any vehicle be used for Racing or timed events? <i>(Applies to every application – please advise which vehicle(s))</i>	Yes	No
Is there Nitrous Oxide in any vehicle? <i>(Applies to every application.)</i>	Yes	No
Does the insured have access to a regular tow/haul vehicle, other than the collector vehicle? <i>(Applies only when antique Pickup is selected.)</i>	Yes	No
Does the insured have access to a regular use motorcycle other than the collector motorcycle? <i>(Applies only when motorcycle is selected.)</i>	Yes	No
Does the insured have a motorcycle endorsement? <i>(Applies only when motorcycle is selected.)</i>	Yes	No
Does the insured have a regular use snowmobile, other than the collector snowmobile? <i>(Applies only when Snowmobile is selected.)</i>	Yes	No

**List all household members (licensed or not) and regular operators.\***

Driver #	First Name*	Last Name*	License #*	License State*	Date of Birth*	Marital/Relationship Status*	Gender*	Accident Prevention/Safety Course Disc. applies?	Driver Course Expiration Date
Driver #	Moving violations or accidents in the past 3 yrs?*			Type of Moving Violation or Accident for which driver was convicted*			Date of Violation or Accident		

**List all household members (licensed or not) and regular operators.\***

Vehicle #	Year*	Make*	Model*	VIN*	Is vehicle Modified?*	Describe Modification	Principle Driver*
1							
2							
3							
4							
5							

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Vehicle Deductibles & Optional Coverages							
Vehicle #	Other than Collision* (Ded)	Collision* (Ded)	Towing/Labor or Roadside Assistance (both can be no, but selection is required)*	Full Safety Glass?	Trip Interruption	Physical damage only?	Anti-Theft Device Type (when applicable)
1			Yes No	Yes No	Yes No	Yes No	
2			Yes No	Yes No	Yes No	Yes No	
3			Yes No	Yes No	Yes No	Yes No	
4			Yes No	Yes No	Yes No	Yes No	
5			Yes No	Yes No	Yes No	Yes No	

Vehicle Description/Use Continued* (attach separate sheet or Dec pages for additional vehicles)						
Vehicle #	Vehicle usage* (i.e) Show/Club/Parade, Regular Use, Occasional Commute, etc.)	Extra use? * (i.e.) vehicle is more liberally than on occasion, i.e, driven to work 2+ times per week in the driving season)	Estimated annual miles driven*	Odometer reading* (vehicles newer than 25 yrs)	Is vehicle stored at primary residence? (if no, provide storage address)*	Storage Building Type (garage/ barn/pole building, rental unit, other locked storage, driveway, etc.)*
1					Yes No	
2					Yes No	
3					Yes No	
4					Yes No	
5					Yes No	

Joint Owners (when applicable)						
Vehicle #	Joint Owner Name	Address 1	Address 2	City	State	Zip
1						
2						
3						
4						
5						

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Additional interests, if vehicle is financed or leased							
Vehicle #	Leinholder/Lease holder Name	Loan #	Address 1	Address 2	City	State	Zip
1							
2							
3							
4							
5							

Liability and optional coverages	Liab limits cannot exceed Personal Auto Liab limits**	
Coverages	Limits of Liability	
Bodily Injury Liability*	\$ _____ / Person	\$ _____ /Occurence or CSL Limit \$
Property Damage Liability*	\$ _____ /Occurence	
Medical Payments*	\$ _____ /Person	
Uninsured Motorists <i>(Not available for Unregistered Vehicles)*</i>	\$ _____ / Person	\$ _____ /Occurence or CSL Limit \$
Underinsured Motorists <i>(Not available for Unregistered Vehicles)*</i>	\$ _____ / Person	\$ _____ /Occurence or CSL Limit \$
Additional Spare Parts <i>(\$1,000 included)</i>		
Automobilia Coverage <i>(include list of automobilia)</i>	With breakage Without breakage	

**Pay Plan Options**

Direct Bill:      One Pay              Two Pay              Four Pay  
 Automated/ACH:    One Pay              Two Pay              Four Pay              Monthly

(Automated & ACH Requires agent to enter customer card information, recommend adding this payment option post policy issuance)