

Collector Car Quote Request

Agent Information

Agency Name: _____
 Agent #: _____
 Agent e-mail: _____
 Contact Person: _____
 Phone #: _____
 Fax #: _____

Customer Information

Name: _____
 Address: _____
 City/State: _____
 Zip Code: _____
 DOB: _____
 Marital Status Married Single

Collector Car Information

Year: _____
 Manufacturer: _____
 Model: _____
 Market Value: _____
 Annual Miles Driven: _____
 Under Restoration? Yes No
 If yes, % restored _____
 Is vehicle owner business or corporation?
 Yes No
 Is vehicle kept in locked garage or facility?
 Yes No
 Garage State: _____

Vehicle is:
 Stock Modified

 Vehicle is driven to:
 Work School Daily Occasionally

 Equipment includes:
 Wheelie Bars
 Roll Bar/Cage
 Nitrous Oxide
 5 point seat restraints

Drivers Information

Number of divers in the household: _____
 Are any drivers under age 26? Yes No Spouses cannot be excluded. (Refer for Underwriting)
 Total number of accidents for all drivers in past 3 years: _____
 Total number of violations for all drivers in past 3 years: _____

Coverage's (Subject to Eligibility Minimums)

Liability Limits (Combine Split Limits): _____
 UM/UIM Limits (Combine Split Limits): _____
 Med Pay / PIP Limit: _____
 OTC/Collision Deductibles: _____

Other Vehicles

Year	Make	Model	Liability