

APPLICANT INFORMATION:

Name: _____ Garaging State: _____

Insurance Carrier for Daily Use Vehicles _____

Number of licensed drivers in the household _____ Number of vehicles in household <15 yrs _____

Please check the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. There are operators with <10 years driving experience in the household.
<input type="checkbox"/>	<input type="checkbox"/>	2. If yes, do these inexperienced operators drive the collectible auto(s)?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are the collectible vehicles we are quoting used for primary transportation including commuting, errands, and backup transportation?
<input type="checkbox"/>	<input type="checkbox"/>	4. Any at-fault accidents and/or moving violations for any members in the household in the past 5 yrs.? If yes, DETAILS: _____

VEHICLE INFORMATION (if >4 vehicles are to be quoted, copy this page and complete this section):

YEAR	MAKE	MODEL	LIST ANY VEHICLE MODIFICATIONS	VEHICLE VALUE	ANNUAL MILEAGE	GARAGE LOCATION

COVERAGE REQUESTED:

Please check limits desired - Basic Medical Payments and/or Personal Injury Protection will be quoted.

Bodily Injury Liability		Uninsured / Underinsured		Physical Damage	
<input type="checkbox"/>	\$300,000 CSL	<input type="checkbox"/>	\$100,000 CSL	<input type="checkbox"/>	Comprehensive
<input type="checkbox"/>	\$100,000 CSL	<input type="checkbox"/>	\$50,000 CSL	<input type="checkbox"/>	Collision
<input type="checkbox"/>	State Minimum CSL	<input type="checkbox"/>	State Minimum CSL	<input type="checkbox"/>	Comp & Collision
<input type="checkbox"/>	250/500/100	<input type="checkbox"/>	100/300/100	<input type="checkbox"/>	Deductibles:
<input type="checkbox"/>	100/300/100	<input type="checkbox"/>	50/100/50	<input type="checkbox"/>	0 <input type="checkbox"/> \$250
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	\$500 <input type="checkbox"/> \$1,000