

	Great American insurance Classic Collectors Program Application P.O. Box 429569 Cincinnati, Oh 45242 800-252-5233 (513)530-8405			Date Quoted:
				Effective Date :
Applicant		Agency		
Address		Address		
City, St, Zip		City, St, Zip		
Phone		Phone		
Fax		Fax		

I. Applicant information (List all household members licensed or unlicensed)						
DRIVER	NAME	Marital Status	Sex	DOB (MM/DD/YR)	% of use	Occupation
insured						
spouse						
child / other						
child / other						

	Drivers License Number / State issued	List ALL violations & accidents for the last 5 years
insured		
spouse		
child / other		
child / other		

II. VEHICLE INFORMATION						
VEH #	Year	Make	Model	Vin/ Serial Number	Exact Odometer Reading	Value
1						
2						
3						
4						
5						
6						

VEH #	Ann. Miles Driven	Garage Address if Different	Modified?	List Modifications
1				
2				
3				
4				
5				
6				

III. COVERAGES	Limits (in Thousands)	Annual Premium	IV. Comments
Bodily Injury			
Property Damage Liability			
MP/PIP Limits:			
UM Limits (000's):			
UMPD INCL			
Collision			Agreed value applies unless value requested falls out of range of our valuation guidelines. You will be notified by us if this is the case, or if additional valuation information is needed. Not available if < 15 yrs. Old
Total Annual Premium & Fees			Quote Prepared By:
*this quotation including vehicle value is subject to underwriter review			

Explain ALL "YES" Responses in Remarks	Y	N	
Any drivers have any physical / mental impairments?			
Any driver ever been convicted of any offense other than a traffic conviction?			
Have any drivers filed a financial responsibility filing in the past 3 years?			
Any driver had license canceled, suspended, or revoked in past 3 years?			

List all NON-CLASSIC vehicles in the household: (Include any Non Owned & Company cars):	
Year, Make & Models:	
Do All licensed members of the household have a vehicle for regular use, other than the vehicle on this application?	
Member of a car club? If so, which one and how long?	

IMPORTANT PLEASE READ AND SIGN BELOW
YOUR PRIMARY USE VEHICLES MUST HAVE AT LEAST AS MUCH
UNINSURED / UNDERINSURED MOTORISTS COVERAGE AS YOU ARE REQUESTING FROM US.

UNINSURED MOTORISTS INSURANCE

Some states require your policy to include Uninsured Motorist Coverage UNLESS YOU REJECT IT. This coverage pays you for damages due to bodily injury, sickness, disease, or death you would be entitled to recover from the owner or operator of a hit and run or uninsured motor vehicle. Generally you may elect this coverage at limits up to a maximum of the liability limits of your policy. Your agent may assist you in selecting the proper limit and advise you if you may purchase this coverage at limits higher than your liability limit. You may purchase this coverage only if you have selected liability coverage. The same type of coverage for damage to or destruction of your property is also required in some states unless rejected.

I have read this statement and hereby

- _____ ELECT to purchase Uninsured Motorists Coverage at limits of 30,000
_____ REJECT Uninsured Motorists Coverage ENTIRELY (in applicable states only)
_____ REJECT Uninsured Motorists Coverage Property Damage ONLY (in applicable states only)

Signature of Applicant : _____ **Date :** _____

UNDERINSURED MOTORISTS INSURANCE

Underinsured motorists coverage provides benefits if you suffer Bodily injury from an auto accident for which you are entitled to recover but the other party's insurance limits are not sufficient to fully pay you. The same type of coverage for damage to or destruction of your property may also be available. Generally, you may purchase this coverage at limits equal to your Uninsured motorists limit. Your agent may assist you in selecting the proper limit. This coverage is available in many states and required in others, unless rejected. You may purchase it only if you have selected liability and UM coverages.

I have read this statement and hereby

- _____ ELECT to purchase Uninsured Motorists Coverage at limits of 30,000
_____ REJECT Uninsured Motorists Coverage ENTIRELY (in applicable states only)
_____ REJECT Uninsured Motorists Coverage Property Damage ONLY (in applicable states only)

Signature of Applicant : _____ **Date :** _____

LIMITATIONS OF USE: Insured auto(s) must be used primarily for club/hobby activities and occasional pleasure drives. This does NOT include general transportation such as running errands, trips to work, shopping malls, restaurants, golf courses, vacations, etc. all of which may require leaving the car unattended for an extended length of time. Whether you participate in club activities or just enjoy your collector with pleasure drives, **annual mileage cannot exceed 3000 miles.** Your signature below attests to your understanding of the foregoing, and that collector cars cannot be used as a substitute for the family car nor for any timed or racing events. Include at least 2 recent color photos of each vehicle, showing all four sides. Coverage will begin upon company's acceptance of risk. There is no coverage until applicant is so advised by agent or company. Please allow 10-14 days for processing. Your signature below acknowledges and understanding of this information, and your signature attests the information on the application is true and correct.

Applicant's Signature: _____

Producers Signature: _____

Include the following with your application

1. Recent Color photos showing all 4 sides of each vehicle
2. Copy of declarations page of regular use auto ins. Policy
3. Check made payable to Great American Insurance for the full annual premium.