



**Classic Collectors® Quick Quote Sheet**

**FAX TO: 650-343-8456**

**650-343-8450**

**Online rating, forms and program information is available at:  
www.hotrodins.com**

**AGENCY INFORMATION:**

**DATE:**

**Agency:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_  
**Producer #** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

Fax application and supplemental form with the quote.

**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

- 1. There are operators with <10 years driving experience in the household.
- 2. If yes, do these inexperienced operators drive the collectible auto(s)?
- 3. Are the collectible vehicles we are quoting used for primary transportation including commuting, errands, and backup transportation?
- 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	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

**\*\*COPY AND RETAIN FORM FOR FUTURE USE\*\***