



GREAT TEXAS COUNTY MUTUAL INSURANCE COMPANY

COLLECTIBLE AUTOMOBILE INSURANCE APPLICATION

For prompt service, please complete all questions on this application. For a premium quote or additional questions, contact your agent or call 800-252-5233 (Fax 877-499-4450).

Mail to: P.O. Box 719, Hartford, CT 06142-0719

Producer:	Producer Code:
Phone:	Fax:

Please Print Full Name of Insured:	Social Security Number:	Proposed Effective Date:
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Marital Status: Married Never Married Widowed Divorced Separated Has your marital status changed in the last months? Y N

Residence Address (Street Address, City, State, ZIP Code):

Mailing Address, if different from above (Street Address, City, State, ZIP Code):

Residence Type: Own single family home Own multi family home Own condo/townhouse Renting

Home Phone:	Work Phone:	FAX Number:
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Your Present Employer:	Job Title	Years With Current Employer:
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Auto	Year	Make	Model	Body Type	Serial / VIN Number	Exact Odometer Mileage	Date of Purchase	Vehicle Value
1								
2								
3								

Auto	Club Mileage	Pleasure Mileage	Garage Address if different from above, please explain	List Modifications and/or Restoration Efforts
1				
2				
3				

Garage Arrangement: Residence Garage Rental Storage Unit Other

Lien Holder:	Garage Alarm Description:
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Are listed vehicles used for any purposes other than club events, hobby activities, or an occasional drive? If so, please explain Y N

The limits on your regular use vehicles must be GREATER THAN OR EQUAL TO the proposed limits. **CIRCLE** the limits you desire on this policy:

Liability Bodily Injury	\$50,031/100,031	\$100,031/300,031	Other:
Property Damage Liability	\$15,031	\$20,031	\$25,031 \$50,031 \$100,031
Personal Injury Protection	\$2,531	\$5,031	
Uninsured / Underinsured Motorists BI	\$20,031/40,031	\$25,031/50,031	Other:
Uninsured / Underinsured Prop Damage	\$15,031	\$20,031	\$25,031
Physical damage Coverage	Comprehensive Only		Comprehensive and Collision
Valuation (subject to Co. verification)	Stated Amount	Agreed Value	ESTIMATED ANNUAL PREMIUM \$ _____

List all who are scheduled to drive the auto and all other members of the household (licensed or non-licensed).

Driver	Name	License Number	State	Date of Birth (mm/dd/yr)	% Use of Auto	List all ACCIDENTS (whether at-fault or not-at-fault) and all VIOLATIONS for the past 5 years
1-Insured						
2-Spouse						
3-Child/Other						
4-Child/Other						

Describe all ACCIDENTS or LOSSES for the past 5 years. Did your company pay the claim? What was the amount of the claim? Indicate driver#/
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Explain all "YES" responses in remarks.	Yes	No	Driver #	Remarks
Any drivers have physical/mental impairments?				
Any driver ever been convicted of any offense other than a traffic violation?				
Has any driver filed a financial responsibility filing in the last three years?				
Any driver had license canceled, suspended or revoked in the last three years?				
Any insurance declined, cancelled, or non-renewed in the last three years?				

List ALL VEHICLES in your household NOT ON THIS APPLICATION including nonowned or company cars available for your full time use.

Year	Make/Model	Year	Make/Model	Year	Make/Model

Do all members of the household have a vehicle for regular use, other than the vehicle(s) on this application?	Yes	No	
Member of a car club? If so, which one and how long?	Yes	No	

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

After reading the above, complete the form below with your selection and THREE signatures.

Protection Against Uninsured Motorists Insurance

(Includes combined Uninsured / Underinsured Coverage)

The state of Texas requires your policy to include Uninsured/Underinsured Motorists 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, uninsured or underinsured motor vehicle. Generally, you may elect this coverage at limits up to a maximum of the liability limits of your policy. Your agent will assist you in selecting the proper limit, and will advise you if you may purchase this coverage at limits higher than your liability limit. You may buy this coverage only if you buy liability. 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/Underinsured Motorists Coverage at limits of:

REJECT Uninsured/underinsured Motorist and Uninsured/Underinsured Motorist Property Damage Coverages entirely.

REJECT Uninsured/Underinsured Motorists Property Damage only.

Signature of Applicant: _____ Date _____

Notice of Rejection of Personal Injury Protection

I understand Texas Law requires that Personal Injury Protection coverage must be afforded me under my motor vehicle liability policy unless I specifically reject this coverage. Accordingly, I reject Personal Injury Protection coverage and direct the insurer to issue my policy without said coverage.

Signature of Applicant _____ Date _____

Proxy Agreement

I hereby make application to become a policyholder of Great Texas County Mutual Insurance Company in accordance with the information provided and with the terms set forth above. I understand that the annual meeting of policyholders is held on the second Monday in May of each year at 10:00 a.m. at the home office of Great Texas County Mutual Insurance Company. I hereby appoint the president and secretary of Great Texas County Mutual Insurance Company, or either of them, or their successors in office, with full power in either to be the undersigned's lawful proxy and attorney-in-fact for the purpose of attending any policyholder meeting which I do not attend, and to represent, vote and otherwise act for the undersigned in the same manner and with the same effects as if the undersigned were personally present. This proxy shall continue in force for the full period of the membership and any renewal thereof. Unless sooner revoked in writing, this proxy shall be irrevocable for the full period permitted by law.

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, and trips to work. Whether you participate in club activities or just enjoy your collector car(s) with pleasure drives, ANNUAL MILEAGE MAY NOT EXCEED THE MILEAGE PLAN YOU HAVE SELECTED. Your signature below attests to your understanding of the foregoing, and also that collector cars cannot be used as temporary substitutes for a disabled family car nor for any timed or racing events. PLEASE BE SURE TO INCLUDE NO LESS THAN TWO COLOR PHOTOGRAPHS OF EACH VEHICLE, A COPY OF YOUR CURRENT DECLARATIONS PAGE FOR YOUR REGULAR USE AUTO POLICY AND A CHECK TO THE INFINITY PROPERTY AND CASUALTY INSURANCE COMPANY. FULL PAYMENT IS REQUIRED. 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 an understanding of this information, and attests that all information on this application is complete and correct.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____