



Classic Collectors® Quick Quote Sheet

FAX TO: 1-877-499-4450

1-800-252-5233

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

AGENCY INFORMATION:

DATE:

Agency: _____ _____ _____ Phone: _____	Contact: _____ Producer # _____ Fax: _____
<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
<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	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****