

## Elite / Collector Car Request for Quote

\*Fax 1-800-743-2810

Call 1-800-214-2351

Date: \_\_\_\_\_

### AGENT INFORMATION

Agent Name: _____	
Agent #: _____	Sub Producer No. _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

### CUSTOMER INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	Street	City, ST. Zip	Date of Birth

### ELITE / COLLECTOR CAR INFORMATION

Year	Manufacturer	Model	Market Value	Annual Miles Driven
Vehicle is: <input type="checkbox"/> Stock <input type="checkbox"/> Modified		Vehicle is driven: <input type="checkbox"/> To Work <input type="checkbox"/> To School <input type="checkbox"/> Daily <input type="checkbox"/> Occasionally	Equipment includes:	<input type="checkbox"/> Wheelie Bars <input type="checkbox"/> Roll Bar / Cage <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> 5 point seat restraints
Under Restoration? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, % restored _____		
Is vehicle owner by business or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is vehicle kept in locked garage or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Garage State _____		

### DRIVER INFORMATION

Number of Drivers in the household _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Are any drivers under age 26? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, driver must be excluded from policy. Spouses cannot be excluded. Refer for Underwriting.	
Total number of accidents for all drivers in past 3 years: _____	
Total number of violations for all drivers in past 3 years: _____	

### COVERAGES (Subject to Eligibility Minimums)

_____	_____
Liability Limits (Combined Single Limits)	UM / UIM Limits (Combined Single Limits)
_____	_____
Med Pay / PIP Limit	OTC / Collision Deductibles

### OTHER VEHICLES (Daily Drivers)

Year	Make	Model	Liability
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*We Strive For A 15 Minute Turn Around for Fax Request.**

<b>Internal Use Only</b>
CSR Signature: _____