



Suprius Lines Management Inc.
 2 So. Mast Rd. PO Box 490
 offstown, NH 03045

CNA PERSONAL INSURANCE

COLLECTOR AUTOMOBILE INSURANCE APPLICATION - 1 of 2

Complete all questions

Part 1: OWNER/DRIVER INFORMATION

Please attach additional pages as needed

| | | | | | | | | | |
|---|----------------|------------|-------------------|----------------------------|--|-------|---|--------|--|
| APPLICANT NAME (MR/MRS/MS) | | | HOME PHONE - - | | WORK PHONE - - | | FAX - - | | |
| ADDRESS | | | | CITY | | STATE | ZIP | E-MAIL | |
| DATE OF BIRTH | MARITAL STATUS | OCCUPATION | | DRIVER'S LICENSE AND STATE | | | ANY TICKETS OR ACCIDENTS? ___ No ___ Yes | | |
| STATE WHERE COLLECTOR VEHICLES ARE REGISTERED | | | COUNTY | | HAVE COLLECTOR VEHICLES BEEN PREVIOUSLY INSURED? ___ No ___ Yes What Company? | | | | |

LIST ALL OTHER HOUSEHOLD DRIVERS:

| Name | Date of Birth | Marital Status | Driver's License Number and State | Occupation | Operates Collector Vehicles? Yes No |
|------|---------------|----------------|-----------------------------------|------------|--|
| 1. | | | | | ___ ___ |
| 2. | | | | | ___ ___ |
| 3. | | | | | ___ ___ |
| 4. | | | | | ___ ___ |

FOR APPLICANT AND ALL OTHER HOUSEHOLD DRIVERS, LIST REGULAR-USE VEHICLE, INSURANCE CARRIER, AND LIABILITY LIMITS, INCLUDING UNINSURED AND UNDERINSURED MOTORISTS LIMITS:
 Attach copies of the regular-use auto insurance declarations page for each regular-use vehicle.

| Driver | Regular-Use Vehicle (Year and Make) | Insurance Carrier | Liability, Uninsured/Underinsured Motorists Limits |
|-----------|-------------------------------------|-------------------|--|
| APPLICANT | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

FOR APPLICANT AND ALL OTHER HOUSEHOLD DRIVERS, DESCRIBE ALL TICKETS, ACCIDENTS, SUSPENSIONS, AND LOSSES WITHIN THE LAST 5 YEARS:

| Driver | Any tickets/accidents/suspensions/losses? Explain all 'Yes' answers. For accidents, indicate who was at fault, date, damage description and whether an insurance claim was filed. For losses describe circumstances and indicate the date and amount paid. |
|-----------|--|
| APPLICANT | Yes ___ No ___ |
| 1. | Yes ___ No ___ |
| 2. | Yes ___ No ___ |
| 3. | Yes ___ No ___ |

Part 2: COLLECTOR VEHICLE INFORMATION

Please attach additional pages as needed

| Veh. | Year | Make | Model | Body Style | Identification Number (VIN) | Years Owned | Condition | Value |
|------|------|------|-------|------------|-----------------------------|-------------|-----------|-------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

FOR THE FOLLOWING TYPES OF USAGE, LIST THE ACTUAL ANNUAL MILEAGE FOR EACH VEHICLE:

| Veh. | Club Use | Shows | Pleasure Use | Other Use, Explain: |
|------|----------|-------|--------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |



COLLECTOR AUTOMOBILE INSURANCE APPLICATION - 2 of 2

Complete all questions

Part 2: COLLECTOR VEHICLE INFORMATION - Continued

Please answer all questions; attach additional pages as needed

Yes No

- 1. Is the collector vehicle stored in a fully-enclosed and locked garage?
If "no", describe its storage; be specific about security and access (include a photo): _____
- 2. Is any collector vehicle stored at a location other than the applicant's address?
If yes, storage address: _____
- 3. Describe storage garage construction (frame, brick, etc.): _____
- 4. Has the original horsepower been increased or any vehicle been modified?
If yes, describe engine, approximate HP, suspension, body, paint, interior, and stereos valued at more than \$1000: _____
- 5. Is any collector vehicle damaged or currently being restored?
If yes, list details of the damage or restoration project; include projected completion date of restoration: _____
- 6. Is any collector vehicle used for racing, race clinics, practicing for racing, or rallying?
If yes, explain: _____
- 7. Is any collector vehicle used for backup or daily transportation?
If yes, explain: _____
- 8. Is any collector vehicle used for commercial purposes (rentals, commercial hauling, etc.)?
If yes, explain: _____
- 9. Indicate the odometer reading for all collector vehicles manufactured from 1981 to the present: _____
- 10. If any collector vehicle is not owned by or registered to the applicant, explain: _____
- 11. If any collector vehicle is financed or leased, indicate lienholder/leaseholder name and address: _____
- 12. To which automobile clubs do you belong? _____

Part 3: LIMITATIONS OF USE AND APPLICANT'S STATEMENT

Please read before signing!!!

Vehicles insured by this program will be operated on a limited basis consistent with the operation of a collectible vehicle, such as limited pleasure driving, club activities and exhibitions. These vehicles will NOT be covered if used for high-speed racing or commercial purposes. All drivers of the vehicles insured by this program will also own a regular-use vehicle that is used for normal everyday driving such as driving to and from work or school, errands and general transportation.

I acknowledge that I have read this application in its entirety and declare that to the best of my knowledge and belief the information I provide herein is complete, true and correct. If Continental Insurance Company or its authorized representative agrees to issue a policy to me, I understand the policy issued will only provide coverage for the vehicles listed in the Declarations to the policy. All other vehicles I drive will have insurance coverage in-force, maintained in my name, and in effect for the entire time any policy which may be issued by Continental Insurance Company to me will be in effect. Should Continental Insurance Company issue a policy to me, I understand that in no event will Continental Insurance Company's Classic Automobile Policy serve as my only automobile insurance. There is no coverage until specific notification.

Surplus Lines Managers Inc.
152 So. Mast Rd. PO Box 490
Goffstown, NH 03045-0490

| | | |
|-------------------------|-----------------------|------|
| PROPOSED EFFECTIVE DATE | APPLICANT'S SIGNATURE | DATE |
|-------------------------|-----------------------|------|

Part 4: TO BE COMPLETED BY LICENSED INSURANCE AGENTS ONLY

HAGERTY PRODUCER NUMBER: 12234 YOUR NAME: _____ AGENCY: Surplus Line Managers

I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant. I have known the applicant for: _____ years

| | | | | |
|------------------------|------|--------------|----------------|--|
| AGENT/BROKER SIGNATURE | DATE | PHONE NUMBER | E-MAIL ADDRESS | <input type="checkbox"/> NEW SUBMISSION? |
| | | | | <input type="checkbox"/> CHANGE ENDORSEMENT? |