

Specialty vehicles need a specialty insurance provider. That's why I'm quoting a policy from **American Modern's Collector Vehicle Insurance** program. American Modern has been in the specialty insurance market since 1965 and offers valuable coverages like:

Agreed Value – when insured for agreed value, your coverage level is a value we both agree upon for your vehicle. Plus, the included Inflation Guard will provide additional protection.

Tailored Mileage Plans – choose the mileage plan that works best for you – 1,000, 3,000, 6,000 or unlimited and unused mileage rolls over from year to year.

Nationwide Roadside Assistance – While the base policy includes \$75 of towing reimbursement coverage, the Nationwide Roadside Assistance Program is also available which provides 24 hour toll free access to flat-bed towing and roadside assistance as well as increasing covered amount to \$200.

Automatic Coverage for New Purchases – if you find that perfect vehicle, or the deal of a lifetime, don't hesitate to buy it. For 30 days you have the same Liability limits and up to \$50,000 Physical damage coverage on any new purchase.

Added Value – Included with each policy is \$2,000 for spare parts, \$600 for trip interruption, and \$750 for pet coverage.

Expertise Claims – American Modern's dedicated Collector Vehicle claims staff handles only Collector Vehicle Claims and have a full understanding of the nuances involved with bringing your car back to its pre-loss condition.

I hope these highlights help show that American Modern's policy is designed with your needs in mind. I have enclosed a checklist that outlines the items needed to activate your new policy. Please feel free to email, fax or mail these items to my office.

If you have any questions or need a revision to this quote, please feel free to call our office. Thank you for the opportunity to quote on your valuable collector auto coverage.

Sincerely,

Insurance Marketplace Inc
(402) 483-2823

Collector Vehicle Insurance Checklist

Before we can start your policy coverage, we need a few items from you. After I receive these, I will work with American Modern to activate the policy. American Modern will send you the final policy documents.

- Complete and sign the attached application and state required forms. In the Driver Information section, please be sure to list all members of the household (licensed or unlicensed) plus any others who may drive the vehicle.
- To verify the coverages on your regular use vehicle(s), please include a photocopy of the declarations page from the insurance policy for your regular use vehicle(s) showing the description of the vehicle(s) along with the detailed coverage(s) per vehicle.
- We also need current photos, print or digital, of your pride and joy – shots showing the front, back and each side. For modified vehicles, please include the engine, interior and trunk.
- If you garage your specialty vehicle somewhere other than your primary residence, we need a photo of that location.
- Enclose a check for your premium, payable to American Modern Insurance Group, Inc. You also have the option to pay by credit card or Electronic Funds Transfer. The company may have a quarterly payment plan option available as well. Call me for details if one of these would be helpful to you.

It is not required, but it is helpful for us if you can provide:

- Copy of Title or Registration
- Build Sheet for custom work



AMERICAN MODERN HOME
INSURANCE COMPANY

COLLECTOR VEHICLE APPLICATION

Policy:	Previous AMIG Policy:
Agency Code:	Subproducer #:
Agency Name:	Sub Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

BASIC CLIENT INFORMATION

Titled Owner / First Name		Middle Initial	Titled Owner / Last Name		Home Phone	Mobile Phone
Work Phone	Primary Email Address		Mailing Address (Street)			
City	State	Zip	# of Regular Use Autos < 20 yrs		Requested Effective Date	

LIENHOLDER/OTHER PARTIES (IF N/A, DO NOT COMPLETE)

Type	Name	Mailing Address (Street)	City	State	Zip

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

Please identify all licensed members of the household or any other regular operator of the Collector Vehicles

OP #	First Name	Last Name	Gender (M/F)	Birthdate (MM-DD-YY)	Relationship to the insured	License #	State	Excluded?

ACCIDENT / CONVICTION INFORMATION

List all traffic law convictions, accidents (regardless of fault) and any insurance losses for all operators in the last 3 years (start with the most recent).

Operator #	Accident or Conviction Description - At Fault	Incident Date (MM/DD/YYYY)	Loss Amount

UNDERWRITING QUESTIONS (PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION)

Do any licensed operators listed above NOT have a vehicle available for daily use that will not be insured on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any daily use vehicles carry Liability coverages less than the coverage requested on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any operator's insurance been cancelled, non-renewed, or declined in the past 3 years? (Not Applicable in Missouri)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any operator been required to file financial responsibility in the past 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT maintained primarily for car club activities, exhibitions, leisure/pleasure drives, or for a private collection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT stored in a fully enclosed locked garage facility when not in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units for sale or being held for consignment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units leased?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units titled to a person/entity not listed on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REMARKS

LIABILITY & POLICY LEVEL COVERAGES

Coverage Description	Limit/Deductible	Auto/Truck	Motor-cycle	Race Vehicle	Non-Registered	Trailer	Premium
Bodily Injury/Property Damage Combined Single Limits							
Uninsured/Underinsured Bodily Injury Combined Single Limits							
Uninsured Motorists Property Damage							
Personal Injury Protection							
Nationwide Roadside Assistance							
Trip Interruption Coverage							

UNIT INFORMATION

(Information should be entered as shown on the vehicle registration to ensure proper reporting to the state)

UNIT #1	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Identification Number
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)		Value
	GARAGING LOCATION					
	Description	Address (Street)		City		State Zip
	UNIT COVERAGES					
Coverage Description			Limit/Deductible		Premium	
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT # 1 Total Premium:						
UNIT #2	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Identification Number
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)		Value
	GARAGING LOCATION					
	Description	Address (Street)		City		State Zip
	UNIT COVERAGES					
Coverage Description			Limit/Deductible		Premium	
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT #2 Total Premium:						
DISCOUNTS AND SURCHARGES APPLIED						
TOTAL POLICY PREMIUM						
Total 12-month policy premium:						
BILLING INFORMATION						
Payment Plan:		Minimum Down Payment:		Down Payment Method:		Payment Received:
EFT Bank ABA#:		EFT Account Number:		EFT Account Type:		Eff. Day of Month (1-28):
Credit Card Type:		Credit Card Number:				Expiration Date (MM/YY):
Bill Plan	Down Payment Required	Total # of Installments	Estimated Installment Amount	Installment Service Charge		
<input type="checkbox"/> FULL PAY INVOICE <input type="checkbox"/> FULL PAY ELECTRONIC <input type="checkbox"/> QUARTERLY PAY INVOICE <input type="checkbox"/> QUARTERLY PAY ELECTRONIC <input type="checkbox"/> MONTHLY PAY ELECTRONIC						
POLICY INTENT - PLEASE READ CAREFULLY						
<p>This policy is designed specifically for collectible vehicles and all operators must maintain a separate vehicle for regular use. Any vehicle insured under this policy is to be used for occasional pleasure use only, including car club activities, car shows, and the occasional leisure/pleasure drive. Coverage does not apply to "on track" events. The mileage plan selected for your vehicle should not be exceeded. This is intended as a general overview of your coverage, and in no way replaced or modifies any policy provisions or terms.</p> <p>INSURED STATEMENT - I affirm that the information provided is true and to the best of my information no material information has been withheld. I hereby authorize appropriate state authorities to release my motor vehicle driving record to the Company or its representatives.</p> <p>Applicant's Signature: _____ Insurance Agent's Signature: _____ Date: _____</p> <p>FRAUD NOTICE - Willfully falsifying material facts on an application or claim may subject you to criminal penalties. Any person who knowingly and with intent to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.</p>						