



Elite / Collector Car Request for Quote INDIANA

Grand General Agency
3030 Ivanrest Ave, Suite B
Grandville, MI 49418
Phone: (800)869-2022
Fax: (888)767-0826

SUB-PRODUCER INFORMATION

Date: _____

Agency: _____	Contact Person: _____
Phone Number: _____	Fax Number: _____ Code #: 022150 - 44 _____

CUSTOMER INFORMATION

Last Name	First Name	Street	City, ST. Zip	Date of Birth
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ELITE / COLLECTOR CAR INFORMATION

Year	Manufacturer	Model	Market Value	Annual Miles Driven
Vehicle is: <input type="checkbox"/> Stock <input type="checkbox"/> 2-door <input type="checkbox"/> Modified <input type="checkbox"/> 4-door <input type="checkbox"/> Kit <input type="checkbox"/> Convertible Kit Manufacturer: _____				
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 owned by business or corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is vehicle registered as historic? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is vehicle kept in a locked garage or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the garage location the same? <input type="checkbox"/> Yes <input type="checkbox"/> No*				
Mileage Plan: 1,000 / 3,000 / 6,000 *Garage Location (if different) _____				

DRIVER INFORMATION

Number of drivers in the household _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Are any of the drivers under age 26? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Name: _____
If yes, driver must be excluded from policy. Spouses cannot be excluded.	Spouses D.O.B.: _____
Total number of accidents for all drivers in past 3 years: _____	Member of a car club? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of violations for all drivers in past 3 years: _____	

COVERAGES (Subject to Eligibility Minimums)

None / 60,000 / 100,000 / 300,000 / 500,000 <i>Liability Limits (Combined Single Limits)</i>	None / 50,000 / 100,000 / 300,000 / 500,000 <i>UM / UIM Limits (Combined Single Limits)</i>	None / 10,000 <i>Uninsured Property Damage</i>
None / 1,000 <i>Medical Payments / PIP</i>	250 / 500 / 1,000 / 2,500 / 5,000 <i>Other Than Collision Deductible</i>	None / Same <i>Collision Deductible</i>
Towing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spare Parts Coverage <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Nine-to-Five Driver Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER NON-COLLECTOR CAR VEHICLES OWNED (Daily Drivers)

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

Please submit additional collector cars on a new quote form.