



IL - Collector Vehicle Quote Request

Fax to 1-888-767-0826

Please send the quote back to my office via:
 Fax E-mail

Customer Name	
Location Address	City, State, Zip
Mailing Address	City, State, Zip

Agency Code		Agency Fax	
Agency Name		Agency Phone	
Agent Name		Agent E-mail	

Customer Date of Birth ____ / ____ / ____ Married? Yes No Gender: Male Female

Customer a member of an Affinity Group or Car Club? Yes* No *If Yes, please list:

List all accidents and violations within the last 3 years:

Year	Make	Model
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VIN _____ Mileage Plan: 1,000 3,000 6,000 Unlimited

Current Value \$ _____ Modifications (check all that apply): None Tubbed Supercharger/Blower/Turbo
 Nitrous Roll Cage Wheelie Bar/Parachute Horsepower (modified from <500 to 500+) Paint/Body in Excess of \$10,000
 Fabricated Interior Stereo System In Excess of \$3,000 Other Modification(s) in Excess of \$5,000

Is the unit currently under restoration and is less than 80% complete? Yes No Is 65% or more of the total Collector Vehicle collection value stored in one location? Yes No

Is this an excess unit? (Only applicable when there are more units than operators) Yes No Is the vehicle registered as a Historic Vehicle? Yes No

Unit is Stored: Carport Locked Garage Off-Street Parking Other Locked & Enclosed Structure Other

Construction of Storage Facility: Masonry Metal Other Fire Resistant Materials None of the Listed Options

Security Measures of Storage Facility: Entry Deterrent Smoke Detector/Fire Extinguisher Local Fire/Burglar Alarm
 Central Fire/Burglar Alarm Fire Suppression System Motion Sensor Equipped Alarm None

Anti-Theft Devices: Alarm Only Active Disabling Device Passive Disabling Device VIN Etching Recovery System

How is the unit used? (check all that apply): Back-up Transportation Occasional Commuting to Work Business Use
 Daily Personal Use Occasional Pleasure Use Commercial Rented to Others Promotional Use Shows/Parades

What is the Per Occurrence Bodily Injury limit of the regular use auto policy?	<i>Combined Single Limits</i>	Medical Payments <input type="checkbox"/> Agreed Value <input type="checkbox"/> Stated Value
	Bodily Injury/Property Damage	
What is the Per Occurrence UM Bodily Injury limit of the regular use auto policy?	Uninsured Motorist	OTC Deductible
	Underinsured Motorist	Collision Deductible
APPLICATIONS MUST BE PROCESSED ELECTRONICALLY. PLEASE PROCESS ON-LINE OR CALL GRAND GENERAL TO DO SO AFTER QUOTE IS RECEIVED!	OR	Nationwide Roadside Assistance (\$200) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Split Limits</i>	Additional Spare Parts (\$2,000 included)
	Bodily Injury Liability	Collectors Coverage Extension
	Property Damage Liability	Full Safety Glass <input type="checkbox"/> Yes <input type="checkbox"/> No
	UM Bodily Injury	
	UIM Bodily Injury	