



# WI - 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is 65% or more of the total Collector Vehicle collection value stored in one location? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this an excess unit? (Only applicable when there are more units than operators) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the vehicle registered as a Historic Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> Bodily Injury/ Property Damage Uninsured Motorist Underinsured Motorist	Medical Payments <input type="checkbox"/> \$10,000 <input type="checkbox"/> None <input type="checkbox"/> Agreed Value <input type="checkbox"/> Stated Value OTC Deductible Collision Deductible
What is the Per Occurrence UM Bodily Injury limit of the regular use auto policy?	<b>OR</b>	Nationwide Roadside Assistance (\$200) <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Spare Parts (\$2,000 included) Collectors Coverage Extension Full Safety Glass <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Split Limits</i> Bodily Injury Liability Property Damage Liability UM Bodily Injury UIM Bodily Injury		

**APPLICATIONS MUST BE PROCESSED ELECTRONICALLY. PLEASE PROCESS ON-LINE OR CALL GRAND GENERAL TO DO SO AFTER QUOTE IS RECEIVED!**