



Midwest Collectors Insurance
 P.O. BOX 229, 110 SOUTH FIFTH STREET
 AUBURN, IL 62615-0229
 Toll-free: 888-271-4000
 Fax: 217-438-3347

Classic Collectors®
INSURANCE PROGRAM

*Coverage is not bound until you or your agent are notified by Great American Insurance

Agency Information:

Agency Name: Midwest Classic Insurance Producer Code: 308023/291207
 Address: P.O. Box 229, 110 South Fifth Street Phone: 888-271-4000
 City/ST/Zip: Auburn, Illinois 62615-0229 Fax: 217-438-3347
 Contact Person: Robbin R. Terry, CIC Email: robbin@midwestclassicins.com

Applicant Information:

Website Address – www.midwestclassicins.com

Applicant: _____ Age: _____ Proposed Effective: _____
 Address: _____ Phone: _____ S.S.#: _____
 City/ST/Zip: _____ Fax: _____ Email: _____
 Residence Type: home condo rent Employer: _____
 Marital Status: married single separated widow Job Title: _____
 Years with employer: _____

List all members of the household (licensed or non-licensed): including any attending school away from home

	Name	Sex	Date of Birth	Driver License No.	Date Licensed	ST	% Vehicle Used
Insured							
Spouse							
Child/Other							
Child/Other							
Child/Other							

List all Violations, Accidents & Losses for all drivers in the household in the past 5 years (who was at fault, how much was paid, what happened, who was the driver). If "NONE", please indicate. _____

Vehicle Information:

Auto	Year	Make/Model/Body Type	VIN Number	Odometer Reading	Vehicle Value	Purchase Date	Annual Mileage
1							
2							
3							
4							
5							
6							

Collector car lienholders (Name & Complete Address): _____

Is vehicle(s) garaged at the permanent residence: Yes No (if no, please indicate the alternate garaging address)

Coverage Limits: Requested limits must equal or be less than your personal auto limits.

	Premium
Bodily Injury <input type="checkbox"/> State Minimum <input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 or <input type="checkbox"/> 100CSL <input type="checkbox"/> 300CLS Other:	
Property Damage <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000	
Med Pay/PIP <input type="checkbox"/> 1,000 <input type="checkbox"/> Other	
Uninsured Motorist <input type="checkbox"/> State Minimum <input type="checkbox"/> 25,50 <input type="checkbox"/> 50,100 <input type="checkbox"/> 100/300 or <input type="checkbox"/> 100CSL <input type="checkbox"/> 300CSL Other:	
Mileage Tiers <input type="checkbox"/> 1,000 <input type="checkbox"/> 3,000 <input type="checkbox"/> 5,000 **Indicate if mileage tier is different on other vehicle.	
Vehicle Valuation <input type="checkbox"/> Agreed Value <input type="checkbox"/> Stated Amount	
Physical Damage <input type="checkbox"/> Comprehensive Only <input type="checkbox"/> Comprehensive & Collision	Total Premium:

If you would like Comprehensive coverage only please indicate above in the Vehicle Information section.

*We can overnight Identification cards. Call our toll-free number for payment method.

**Mileage tiers applicable in most states where legally allowed.

Underwriting Information:

1.) Check "yes" or "no" to the following:

Are the vehicles to be insured by Great American's Classic Collectors Program:

Yes No

Ever used for any type of racing, on-track, or timed events? (if yes, please describe)

Equipped with any type of racing equipment (Nitrous Oxide system, racing harness, roll bar or roll cage)

Used for daily or backup transportation? (If yes, please describe)

Ever driven by anyone with less than 10 years driving experience? (If yes, please indicate)

Member of a car club? If yes, which one?

Is your classic vehicle(s) currently insured? If yes, please provide copy of classic auto declarations page
(This question applies to MA residents only)

2.) Describe engine (horsepower, components added - if "stock", please indicate):

3.) Please describe any additional vehicle modifications (where possible, include the manufacturer of the components and who performed the restorations/modifications):

4.) List All Regular Use Vehicles In the Household (Year, Make, Model):

Vehicle 1		Vehicle 2	
Vehicle 3		Vehicle 4	

5.) Insurance Company of Daily Use Vehicles: _____

Liability Limits Carried: _____

(Attach copy of Personal Auto Declarations page showing limits and coverages)

Signature Required - Please Read Carefully

I hereby represent and confirm that I have read all questions and answers on this application and have provided accurate and complete information. I understand my insurance policy could be voided if false or inaccurate information has been provided that affects Great American's decision to provide coverage. I understand the policy I am applying for will not cover me or my vehicle under the following circumstances: (1) used for commuting to work, school, grocery shopping, or at a shopping mall, (2) driven over the selected mileage tier for the year, (3) used in a timed or racing event of any kind, (4) not stored in a locked garage, (5) driven by anyone licensed with less than 10 years driving experience, (6) used as backup transportation, (7) and used in a business pursuit, (8) Please note that all vehicles must be kept in a fully enclosed locked permanent structure when not in use.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Remember to include the following information to avoid coverage delays:

1.) ***Payment (the full annual premium is required with the application).**

2.) **Recent color photos (taken within 60 days) showing all four sides of the vehicle(s).
Include an interior and engine photo for Modified Vehicles.**

3.) **Copy of your personal automobile insurance declarations page for your daily use vehicles that shows what vehicles are covered and the limits of liability provided.**

4.) **A fully completed application**

*Payment to be made by check. For all other payment options, call our toll-free customer service number at 1-800-252-5233.

Comments: _____
