



Classic Collectors Insurance Program
P.O. BOX 719
Hartford, CT 06142-0719
1-800-252-5233
FAX: 1-877-499-4450
www.classiccollectors.com (web)
classiccollectors@ipacc.com (email)

Agency Name	
Address	
Phone	Fax
Producer Code	

EXTREMELY IMPORTANT: All Applicant and Vehicle information must be exactly as shown on Vehicle Registration to avoid state penalties. Please print clearly.

Applicant:		Proposed Effective:	
Address:		Phone:	
City/ST/Zip:		Occupation:	Fax:
		E-Mail:	SS#:

No.	Year	Make/Model/Body Type	Titleholder Name & State	VIN Number	Odometer Reading	License Tag No.	State	Vehicle Value	Date of Purchase
1								\$	
2								\$	
3								\$	

DRIVER INFORMATION (All members of household-licensed or not. Be sure to include children away from home.):

No.	Name	Date of Birth	Sex	Marital Status	Relationship to Applicant	Drivers License Number	License State
1							
2							
3							
4							

CHECK PROGRAM & COVERAGE DESIRED (Coverages vary by state):

MILEAGE PLAN
 1000/Yr 3000/Yr 5000/Yr _____

LIABILITY COVERAGE (Same or lower limits than your family auto policy)
 \$25/50/25 \$50/100/50 \$100/300/100 _____

UNINSURED MOTORIST COVERAGE
 (Same or lower limits than your family auto policy)
 No. U/M \$10/20 \$25/50 \$50/100 \$100/300 _____

COMP & COLLISION
 "0" Ded. \$250 Ded. \$500 Ded. _____
 Other _____

PROGRAM REQUIREMENTS:

(INITIAL-INDICATING THAT YOU WILL COMPLY WITH THESE REQUIREMENTS.)

1. _____ Each licensed driver in household has a regularly daily-use vehicle.
2. _____ Each daily-use vehicle carries Liability & Uninsured Motorist Coverage equal to or greater than coverage requested on this policy.
3. _____ Vehicles Insured under this policy will be kept in a permanent enclosed and locked garage at all times when not in use.
4. _____ No operators under the age of 26 will be permitted to drive any vehicle insured on this policy.
5. _____ Vehicles usage will not exceed the mileage plan selected.
6. _____ Vehicles insured under this policy will not be used for commuting to work or school, business use, daily transportation or as a substitute for another auto.

Collector Car Lienholder/Address: _____

Remarks: _____

REQUIRED INFORMATION:

Storage Location (if different) _____
 Describe Storage Bldg. (age, construction use) _____
 How many car events do you attend annually? _____
 How many regular cars are owned by members of your household? _____
 Name of your Family Auto Insurance Carrier _____
 Liability & UM Limits on Family Auto Policy _____

UNDERWRITING QUESTIONS:

- In the past 3 years has any driver in your household:
- A. Had their drivers license revoked? Yes No
 - B. Been convicted of a moving violation? Yes No
 - C. Been involved in a motor vehicle accident? Yes No
 - D. Been convicted of a drug or alcohol related violation? Yes No
 - E. Does any driver have any physical or mental impairment? Yes No
 - F. Has any driver been licensed less than 10 years? Yes No
 - G. Has your insurance ever been cancelled? Yes No

please explain "yes" answers in remarks section.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:

In making this application for insurance it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence.

If you wish information on the nature and scope of the Customer Report which may be requested, ask your agent for the address of the Company handling your account.

THE FOLLOWING IMPORTANT CONDITIONS APPLY TO THIS INSURANCE:

1. Annual mileage is limited (based on plans elected) and usage is restricted to occasional pleasure driving, car shows, parades and club events.
2. Vehicles are not to be used for daily transportation, commuting, business, or to run errands.
3. Policy excludes racing, race testing, speed trials, any on-track or similar events.
4. Coverage does not apply when an insured vehicle is being operated by any driver with less than 10 years experience.
5. Physical damage coverage is based on "Stated Amount" unless stated otherwise.
6. **You have no coverage until notified in writing by the Company.**
Insurance coverage is subject to terms, conditions and exclusions in the policy.
Always read your policy carefully.

SUBMIT WITH APPLICATION:

1. Recent color photos showing all four sides of the vehicle(s).
2. Check for annual premium or Credit Card Payment payable to Infinity Insurance Company.

APPLICANT'S SIGNATURE _____ DATE _____

LICENSED AGENT SIGNATURE _____ DATE _____