

Graham Rogers Collector Vehicle Quote Request Form

Agency: _____ Date: _____
Phone: _____ Fax: _____ Email: _____

Applicant Info: As Licensed

Name: _____ DOB: _____ SSN: _____

Email address: _____ Primary Phone number: _____

Location address: _____

Current Mailing address: _____

If moved in the last 6 months - Prior Mailing address: _____

****If any of the following apply, customer is not eligible for coverage: Requires an SR-22 financial responsibility filing, any vehicle held for sale or consignment, operator convicted of a felony, applicant or operator had license suspended, canceled, revoked or barred within the last 3 years, customer is not the titled owner of the unit(s) or if any unit has unrepaired or existing damage.**

Effective Date: _____

Operator Info: List all household members. All operators must have personal auto 20 years or newer. See page 2.

Operator 1 (Named Insured)

First and Last Name: _____ Gender: M ___ F ___ Date of Birth: _____

Drivers License Number: _____ State: _____

Marital Status: _____ **Spouse is required to be listed as operator and may be excluded if needed.**

Completed safety course in last 3 years? _____ Member of any association: List association _____

Accidents or violations in the last 5 years: LIST: _____

Any other operators? Please list on page 2.

Unit Info: Any vehicle used as primary personal auto is ineligible.

Current Carrier: _____ Expiration date _____

Unit type: Auto ___ Truck ___ Race Car ___ Specialty ___ (old fire truck/ambulance etc.) Is this a Kit Car? Yes ___ No ___

Value of vehicle: \$ _____ Year: _____ Make: _____

Model: _____ Body Type: _____ Engine Type: _____

Odometer reading: _____ Purchase date: _____

Mileage plan: 1000 ___ 3000 ___ 6000 ___ Unlimited ___

Modifications: _____ Registered for street use: Yes ___ No ___

How is the vehicle used? List all: _____

Storage Type: Carport ___ Driveway ___ Off Street Parking ___ Locked Garage ___ Building ___ Parking Lot ___ Other-
describe _____

Storage Construction type: _____

Condition of unit: Pristine ___ Excellent ___ Good ___ Fair ___

Under restoration? No ___ Yes ___ If yes, percentage completed _____

Alarms(active or passive) ___ VIN Etching ___ Disabling Device (active or passive) ___ Recovery System ___

Any other units? Please list on page 2.

Coverages: **Primary Auto Liability & UM must be equal to or less than their Personal Auto Limits**

Liability limits ___/___/___ Uninsured Motorists ___/___/___ Medical Payments _____

Deductible _____ Spare Parts (\$2000 included) _____

Personal Effects: \$ _____ Pet Protection, Collector Coverage, Travel loss, Towing, Full Safety Glass and Disaster Relocation is included. Appreciation security is available upon request.

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Discounts & Surcharges:

More than 1 policy with American Modern ___ Applicant own primary residence ___
Will applicant be paying in full ___ Will applicant enroll in paperless policy delivery ___

Operator 2

First and Last Name: _____ Gender: M ___ F ___ Date of Birth: _____
Drivers License Number: _____ State: _____
Marital Status: _____
Completed safety course in last 3 years? ___ Member of any association: List association _____
Accidents or violations in the last 5 years: LIST: _____

Operator 3

First and Last Name: _____ Gender: M ___ F ___ Date of Birth: _____
Drivers License Number: _____ State: _____
Marital Status: _____
Completed safety course in last 3 years? ___ Member of any association: List association _____
Accidents or violations in the last 5 years: LIST: _____

Additional Vehicles:

Unit type: Auto ___ Truck ___ Race Car ___ Specialty ___ (old fire truck/ambulance etc.) Is this a Kit Car? Yes ___ No ___
Value of vehicle: \$ _____ Year: _____ Make: _____
Model: _____ Body Type: _____ Engine Type: _____
Odometer reading: _____ Purchase date: _____
Mileage plan: 1000 ___ 3000 ___ 6000 ___ Unlimited ___
Modifications: _____ Registered for street use: Yes ___ No ___

How is the vehicle used? List all: _____

Storage Type: Carport ___ Driveway ___ Off Street Parking ___ Locked Garage ___ Building ___ Parking Lot ___ Other-
describe _____

Storage Construction type: _____

Condition of unit: Pristine ___ Excellent ___ Good ___ Fair ___

Under restoration? No ___ Yes ___ If yes, percentage completed _____

Alarms(active or passive) ___ VIN Etching ___ Disabling Device (active or passive) ___ Recovery System ___

Unit type: Auto ___ Truck ___ Race Car ___ Specialty ___ (old fire truck/ambulance etc.) Is this a Kit Car? Yes ___ No ___

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describe _____

Storage Construction type: _____

Condition of unit: Pristine ___ Excellent ___ Good ___ Fair ___

Under restoration? No ___ Yes ___ If yes, percentage completed _____

Alarms(active or passive) ___ VIN Etching ___ Disabling Device (active or passive) ___ Recovery System ___

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REMARKS: