



INDIANA Collector Vehicle Quote Request

Fax to **1-888-767-0826**
Email to **gga@thehelpfulpeople.com**

**Please send the quote back
to my office via:**

☐ Fax ☐ E-mail

Requested Effective Date ____ / ____ / ____

☐ I am interested in a Personal Umbrella for this customer.

Customer Name	Spouse/Secondary 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 ____ / ____ / ____

Social Security Number*

★PLEASE READ TO CUSTOMER. If a Social Security Number is provided we are assuming the customer read the following disclosure and agrees to the following: In connection with this quote for insurance, the individual insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. They may use this information to decide whether to insure you or how much to charge. They may use a third party in connection with the development of your credit score.

The customer agrees to have their credit report run, but the customer did not provide a Social Security Number. ____ (initial)

Gender: ☐ Male ☐ Female Married? ☐ No ☐ Yes* *Spouse's Date of Birth ____ / ____ / ____ *Excluded Operator? ☐ Yes ☐ No

Customer(s) 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
VIN	Mileage Plan: <input type="checkbox"/> 1,000 <input type="checkbox"/> 3,000 <input type="checkbox"/> 6,000 <input type="checkbox"/> Unlimited	
Vehicle Construction (check all that apply): <input type="checkbox"/> 2-door <input type="checkbox"/> 4-door <input type="checkbox"/> Convertible <input type="checkbox"/> Other:		
Current Value \$	Modifications (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Tubbed <input type="checkbox"/> Supercharger/Blower/Turbo	
<input type="checkbox"/> Nitrous <input type="checkbox"/> Roll Cage <input type="checkbox"/> Wheelie Bar/Parachute <input type="checkbox"/> Horsepower (modified from <500 to 500+) <input type="checkbox"/> Paint/Body in Excess of \$10,000		
<input type="checkbox"/> Fabricated Interior <input type="checkbox"/> Stereo System In Excess of \$3,000 <input type="checkbox"/> 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
Is this an excess unit? (Only if 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
Unit is Stored: <input type="checkbox"/> Carport <input type="checkbox"/> Locked Garage <input type="checkbox"/> Off-Street Parking <input type="checkbox"/> Other Locked & Enclosed Structure <input type="checkbox"/> Other		
Construction of Storage Facility: <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Other Fire Resistant Materials <input type="checkbox"/> None of the Listed Options		
Security Measures of Storage Facility: <input type="checkbox"/> Entry Deterrent <input type="checkbox"/> Smoke Detector/Fire Extinguisher <input type="checkbox"/> Local Fire/Burglar Alarm		
<input type="checkbox"/> Central Fire/Burglar Alarm <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Motion Sensor Equipped Alarm <input type="checkbox"/> None		
Anti-Theft Devices: <input type="checkbox"/> Alarm Only <input type="checkbox"/> Active Disabling Device <input type="checkbox"/> Passive Disabling Device <input type="checkbox"/> VIN Etching <input type="checkbox"/> Recovery System		
How is the unit used? (check all that apply): <input type="checkbox"/> Back-up Transportation <input type="checkbox"/> Occasional Commuting to Work <input type="checkbox"/> Business Use		
<input type="checkbox"/> Daily Personal Use <input type="checkbox"/> Occasional Pleasure Use <input type="checkbox"/> Commercial <input type="checkbox"/> Rented to Others <input type="checkbox"/> Promotional Use <input type="checkbox"/> Shows/Parades		

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