

GRUNDY WORLDWIDE COLLECTOR VEHICLE PROGRAM

APPLICATION

PLEASE COMPLETE IN FULL

Named Insured:

(FIRST) (MIDDLE) (LAST)

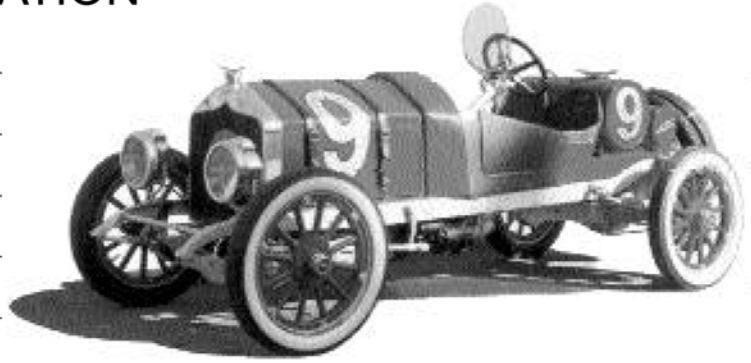
(STREET)

(CITY) (STATE) (ZIP)

(TELEPHONE) (FAX)

(E-MAIL)

SCHEDULE OF VEHICLE(S): OCCUPATION: _____



| YEAR OF CAR | MAKE/MODEL/BODY TYPE | VIN. NO. (VEHICLE IDENTIFICATION NUMBER) | ANNUAL MILEAGE | CONDITION CODE 1 TO 100 - PERFECT | AGREED VALUE |
|-------------|----------------------|--|----------------|-----------------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

For additional vehicles please continue on a separate sheet. **Photos to be included for collector vehicles 1960 or newer.**

PLEASE ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN "YES" RESPONSES IN THE REMARKS SECTION:

- Preferred effective date of coverage? _____
- Previous losses or violations (last three years)? Yes No
- Any operators under 25 years of age? Yes No
- Any collector vehicle used for racing or rallying? Yes No
- Any collector vehicle used for driving to and from work or school? Yes No
- Any collector vehicle used for errands, back-up, primary or secondary transportation? Yes No
- Does engine, body, or drivetrain differ from car maker's original? Yes No
- Will engine, body, or drivetrain be changed? Yes No
- Will horsepower or body be changed? Yes No
- How many licensed operators in household? _____
- Garage construction (describe walls & roof). _____
- Any security systems? (fire or burglary). _____

13. Total number of collector vehicles owned. _____

14. Operator information (all household operators).

| NAME | DATE OF BIRTH | LICENSE NO. |
|-------|---------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

15. List regular transportation vehicles for each driver. _____

16. To what automobile clubs do you belong? _____

17. Remarks (Explain Yes responses) _____

CALCULATE YOUR ANNUAL PREMIUM. Simply follow the steps below, or call our

QUOTE HOTLINE: 800-338-4005 / or visit www.grundy.com

I. Liability: Includes \$1,000 Medical Payments, Uninsured Motorist Coverage _____ (statutory limit), and No Fault as required. The following premium is applied only once for all vehicles listed, annually. (Part I available only with Part II or Part III)

- \$100,000 – Cost \$30.00 \$500,000 – Cost \$35.00
 \$300,000 – Cost \$33.00 \$1,000,000 – Cost \$40.00

II. Comprehensive Rate Excluding Collision:

- A) 25 or more model years old – Cost .35/\$100 of insured value
 B) Less than 25 years old – Cost .70/\$100 of insured value

III. Comprehensive Rate Including Collision:

- A) Thru 1945 – Cost .55/\$100 of insured value
 B) After 1945 but 25 or more years old – Cost .65/\$100 of insured value
 C) Less than 25 years old – Cost 1.40/\$100 of insured value

Submitting Brokerage:

To determine premium: (Rates are cents per \$100 of insured value)

$$\frac{\text{Total Value} \div 100}{\text{Rate (I or III)}} = \text{Base Premium} + \frac{\text{Liability}}{\text{($30, $33, $35, or $40)}} = \text{Total Premium ($50 minimum premium)}$$

Special rates applied to large collections. Some postwar vehicles subject to higher rates.

Note: Insurance becomes effective upon payment of premium and acceptance of risk.

APPLICANT'S STATEMENT: I warrant my collector vehicle will be used and maintained for hobby purposes and exhibition and not for racing, rallying, general transportation, or backup transportation.

SIGNATURE _____

DATE _____

Mail with check to: GRUNDY WORLDWIDE
 400 Horsham Road
 P.O. Box 1957, Horsham, PA 19044

PHLY Agency Code: _____