

### A. APPLICATION INFORMATION

Name:

Street:

City:

State:

County:

Zip:

Phone:

Email:

Grundy Worldwide  
PO Box 1957  
Horsham, PA 19044  
Phone 888-647-8639  
Fax 215-674-5685  
www.grundy.com

### B. VEHICLE INFORMATION

Year	Make	Model	Vehicle Identification #	Registered? (Yes or No)		Est. Annual Mileage	Agreed Value
				Y	N		
				Y	N		
				Y	N		
				Y	N		
				Y	N		

### C. HOUSEHOLD DRIVERS

Name	D.O.B.	Driver License #	Do you operate any Collectible Car?		Losses/Violations in the last 5 years?			What is your daily driver vehicle?
			Yes	No	0	1	2 or more	
			Yes	No				

### D. PLEASE ANSWER THE FOLLOWING & EXPLAIN "YES" RESPONSES IN THE REMARKS SECTION

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Any collector vehicle used for racing or rallying?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any collector vehicle used for driving to and from work or school?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any collector vehicle used for errands, back-up, primary or secondary transportation?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does engine, body, or drivetrain differ from maker's original?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will engine, body, or drivetrain be changed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all collector vehicles garaged indoors at the above address when not in use?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all collector vehicles registered at the above address? (If not, provide registered address below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. When do you want the coverage to take effect? Preferred Effective Date of Coverage: _____              |                          |                          |
| 9. What car clubs are you a member of? _____  |                          |                          |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### E. COVERAGES

Liability: ☐ 100,000 ☐ 300,000 ☐ 500,000

Medical Payments or PIP: Minimum Statutory Limits included

Uninsured Motorist: Minimum Statutory Limits included

Comprehensive: Required for all vehicles (liability-only not available)

Collision: ☐ Yes ☐ No

## BROKER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE SUBMIT YOUR GRUNDY WORLDWIDE APPLICATION, PHOTOGRAPHS, AND PAYMENT TO:

Grundy Worldwide  
P.O. Box 1957  
Horsham, Pennsylvania 19044  
Phone: 888.647.8639 Fax: 215.674.5685

You may also email the completed application and photos to us at: [collectorvehicle@grundy.com](mailto:collectorvehicle@grundy.com)

## CONDITIONS - PLEASE READ BEFORE SIGNING

COVERAGE IS CONTINGENT UPON COMPLIANCE WITH THE FOLLOWING CONDITIONS

STORAGE: While not in use, my vehicle(s) will be kept in a fully enclosed garage.

- USE: 1. My Vehicle(s) will be used on a limited basis consistent with the operation of a collectible vehicle such as occasional pleasure drives and club/hobby activities.
2. My Vehicle(s) will not be used frequently for regular driving such as driving to and from work or school, shopping, errands, general transportation, or back-up use.

### INSURED REGULAR USE AUTO

1. Each driver within my household has a separately insured regular use of vehicle of which he or she is the primary operator.
2. All of the regular use vehicles in my household are insured by a separate personal auto insurance policy (or if a business auto policy, with the appropriate personal liability endorsements), maintained in my name (if owned by me), in full force and effect for the entire term of this policy.
3. In no event will this policy serve as my household's only auto insurance.

### REPLICA/KIT CAR

As a condition of any coverage provided by Philadelphia Indemnity Insurance Company, you must register your vehicle within 5 business days. Once your vehicle has been registered with the state and issued a VIN number, please provide us with this information within 10 days. Upon receipt of this information, we shall issue you an updated Insurance ID card as well as provide the DMV in your state with evidence of coverage for your vehicle(s).

### FRAUD NOTICE STATEMENT

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

## APPLICANT'S STATEMENT

I acknowledge that I have read and understood this application in its entirety and that if Philadelphia Indemnity Insurance Company or its authorized representative agrees to issue a policy to me, coverage will be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Failure to comply with any of the above conditions may result in coverage being voided or a claim being denied.

Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

THERE IS NO COVERAGE IN PLACE UNTIL YOU RECEIVE SPECIFIC NOTIFICATION FROM US.

PROPOSED EFFECTIVE DATE

APPLICANT SIGNATURE

DATE