

modernLINE

AMERICAN MODERN INSURANCE GROUP, INC.

Elite/Collector Car Request for Quote

*FAX 1-573-348-5638

Call 1-800-985-3679

Date: _____

AGENT INFORMATION

Agency Name _____	
Agent #: 052558	Sub Producer # _____
Agent e-mail: _____	Phone Number: _____
Contact Person: _____	Fax Number: _____

CUSTOMER INFORMATION

_____	_____	_____	_____	_____	_____
Last Name	First Name	Street	City, ST	ZIP	Date of Birth

OPERATOR INFORMATION

Name	Date of Birth	Marital Status	Gender	Accident/Violations
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> M <input type="checkbox"/> F	_____

DRIVER INFORMATION

Number of drivers in the household: _____

Are any drivers under age 26? Yes No If yes, driver must be excluded from policy. Spouses cannot be excluded. Refer to Underwriting.

Total number of accidents for all drivers in the past 3 years: _____

Total number of violations for all drivers in the past 3 years: _____

EXPLAIN ANY "YES" RESPONSES TO THE FOLLOWING QUESTIONS

Any driver(s) required to file financial responsibility in past 3 years? Yes No Driver # _____

Any driver(s) have license cancelled, suspended or revoked in last 3 years? Yes No Driver # _____

Any insurance declined, cancelled or non-renewed in the last 3 years? (not applicable in MO or OH) Yes No Driver # _____

ELITE/COLLECTOR CAR INFORMATION

Year: _____ Manufacturer: _____ Model: _____ Market Value _____ Annual Miles Driven _____

Vehicle is: Stock Modified Vehicle is driven: to work to school daily occasionally

Equipment includes: Wheelie Bars Roll Bar/Cage Nitrous Oxide 5 point seat restraints

Under Restoration? Yes No If yes, % restored _____

Is vehicle owned by business or corporation? Yes No

Is vehicle kept in locked garage or facility? Yes No Garage State _____

Other Vehicles (Daily Drivers)

Year	Make	Model	Liability
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COVERAGES (Subject to Eligibility Minimums)

Liability Limits (Combined Single Limits) _____ UM/UIM (Combined Single Limits) _____

Med Pay/PIP Limit _____ OTC/Collision Deductibles _____

PROGRAM

Mileage Plan: 1000 3000 6000

Loss Settlement Options: Agreed Stated

"We strive for a fast turn around for quotes."