



# CWG COLLECTOR CAR ENDORSEMENT

Underwritten by the Tri-State Region, PO Box 500, Luverne, MN 56156

## VEHICLE CATEGORIES:

1. **Street Rod** - Modified vehicles 1949 or older.
2. **Modified or Customized Show Cars** - Modified vehicles from 1950 through 20 years old.
3. **Replicars** - Reproductions of classic cars or kit cars.
4. **Sports Cars** - beginning 1968 and including vehicles over 20 years old.
5. **Muscle Cars** - Original vehicles beginning 1966 and including vehicles over 20 years old.
6. **Antique/Classic** - Original vehicles over 20 years; pickups over 25 years; and sports cars up to 1967.
7. **Antique/Classic Motorcycle** - Original collector bikes over 25 years old.
8. **Trucks/Vintage Military/Tractors** - Over 30 years (tractors over 40 years). No hauling or farm use.
9. **Modern Collectibles** - A rare, original, limited production model or anniversary edition that has an appreciating value and is 15 years or newer. (Final acceptance is up to the discretion of underwriter.)
10. **Exotic Cars** - A foreign made vehicle, rare and limited production, with a minimum value of \$75,000 and is 15 years or newer. (Final acceptance is up to the discretion of underwriter.)

Name: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Effective Date of Change: \_\_\_\_\_

Agency: \_\_\_\_\_ Agent # \_\_\_\_\_  
 Agent Phone # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Add Delete Change	Year	Vehicle Make/Model	Serial Number	Present Value	Annual Miles	Odometer Reading	Special Use Rate Y/N	Vehicle Category

### COVERAGES and LIMITS

**Liability for Bodily Injury and Property Damage.** We will match current policy limits unless indicated below.  
 Change BI Limits to: 25/50 30/60 50/100 100/300 250/500 300/300  Change PD Limits to: 25,000 50,000 100,000 250,000

**Uninsured Motorist / Underinsured Motorist Coverages.** We will match current limits unless indicated below.  
 Change UM Limits to: 25/50 50/100 100/300 250/500  Change UIM Limits to: 25/50 50/100 100/300 250/500

**Physical Damage (Must be written)** We will match current policy deductibles unless indicated below.  
 Change Comprehensive / Collision Deductibles \$0 \$100 \$250 \$500 \$1000 \$2500 \$5000 \$ \_\_\_\_\_ Other \_\_\_\_\_

**Medical Payments and/or No Fault (PIP) Coverage.** We will match current policy limits unless indicated below.  
 Change Med Pay Limits to: 2000 5000 10,000 25000  Change No Fault (PIP): Indicate limit requested \_\_\_\_\_

**Full Safety Glass Option (Charge is based on Comp Ded.)** 100 comp = \$9. 250 comp = \$12. 500 comp = \$18. 1000 comp = \$24.  
 **Towing and Labor Option (Additional charge)**  \$50 for \$5 premium  \$75 for \$8 premium  \$100 for \$10 premium

\*\* COMPLETE ALL QUESTIONS WHEN ADDING VEHICLES \*\*

1. **PHOTOS ARE REQUIRED WHEN ADDING VEHICLES.** Attach photos to this form or email digital photos to [cwgccphoto@cwgins.com](mailto:cwgccphoto@cwgins.com). Include policy number in the subject line of message. If digital photos were sent please indicate the date they were sent \_\_\_\_\_.
2. Are collector cars kept in an enclosed and locked garage? \_\_\_\_\_ Garage location: \_\_\_\_\_.
3. How will the collector car be used? \_\_\_\_\_  
 If "Special Use" is requested (add'l charge) will it be driven to work? \_\_\_\_\_. If yes, show one way mileage \_\_\_\_\_. Days per week? \_\_\_\_\_.
4. Name on the title of vehicle? \_\_\_\_\_
5. If the vehicle is modified or altered please describe all modifications to the vehicle(s) \_\_\_\_\_
6. Is this the original engine? \_\_\_\_\_ Type of engine? \_\_\_\_\_ Cubic Inch \_\_\_\_\_ HP \_\_\_\_\_ Type of carb:  2 brl  4 brl  Other \_\_\_\_\_
7. Purchase price of vehicle (if bought) \_\_\_\_\_
8. Is vehicle in process of active restoration? \_\_\_\_\_ Anticipated completion date? \_\_\_\_\_ % complete \_\_\_\_\_
9. If vehicle is a Truck does it have antique, classic, or collector plates? \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_
10. If there is a loan on the vehicle please provide name and full address of lienholder \_\_\_\_\_.

#### EXTERIOR PAINT COVERAGE (Please complete only if the vehicle is a Street Rod, Modified, or Replicar)

- I am aware of the \$3,000 limitation on physical damage for exterior paint. I DO NOT WANT any additional coverage.  
 Please provide additional paint coverage on Car # \_\_\_\_\_. Coverage should apply to  Comp (OTC) only or  Comp (OTC) and Collision.  
 Amount of additional coverage \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

#### LIMITED USE DISCOUNT (For Street Rods and Modified Vehicles ONLY)

I understand that this program allows unlimited mileage for shows and club events. I intend to restrict my annual mileage to 2,500 miles per year and will provide annual odometer readings when requested; therefore, I am eligible for a 10% discount on my comprehensive and collision premiums.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Additional driver in the household:

Name(s)	Driver's License Number	Marital Status	State	Social Security Number	Date of Birth
1.					
2.					