



## Continental Western Insurance Company

Underwritten by the Tri-State Region  
PO Box 500  
Ten Roundwind Road  
Luverne, MN 56156-0500  
Phone: (800) 533-0303 Fax: (800) 232-9925  
Website: [www.cwgcollectorcar.com](http://www.cwgcollectorcar.com)

### A Special Insurance Program For Your Special Auto

*Since 1974, the Tri-State Region (a member of Continental Western Group, W. R. Berkley Corp.) has had an insurance program designed for the special needs of the "collector" car enthusiast. Originally developed to insure antique and classic cars, the program has been expanded to include street rods, modified vehicles, muscle cars, sports cars, antique tractors, trucks, motorcycles, vintage military, modern collectible, and exotic vehicles. Tri-State continues to provide its clients with insurance products that meet their needs. Our Collector Car program is just such a product . . .*

#### THE PROGRAM:

- ⇒ Our Collector Car program provides protection for you and your investment by offering: Liability, Medical Payments, Uninsured and Underinsured Motorist, No-Fault (if required), and Physical Damage to your vehicle caused by fire, theft, hail, flood, wind, vandalism, collision, etc.
- ⇒ The Tri-State Region has been in business since 1902 and has an "A" financial rating in the property/casualty industry.
- ⇒ Competitive Rates
- ⇒ Excellent Service
- ⇒ Spare Parts Coverage of \$500 per policy included at no charge

#### VEHICLE CATEGORIES:

1. **Street Rod** - Modified vehicles 1949 or older.
2. **Modified or Customized Show Cars** - Modified vehicles beginning 1950 and including vehicles over 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, stock and unchanged vehicles beginning 1968 and including vehicles over 20 years old.
6. **Antique/Classic** - Original, unchanged vehicles over 20 years; pickups over 25 years; and sports cars up to 1967.
7. **Antique/Classic Motorcycle** - Original, unchanged over 25 years old.
8. **Trucks/Vintage Military/Tractors** - Trucks and vintage military over 30 years and farm 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 of vehicles under this category is up to the discretion of underwriter.)
10. **Exotic Vehicles** - A foreign made vehicle, rare and limited production, with a minimum value of \$75,000 and is 15 years or newer. (Final acceptance of vehicles under this category is up to the discretion of underwriter.)

#### GUIDELINES:

- ◇ The program is designed for owners of vehicles used primarily for club and hobby activities, but may also use them occasionally for pleasure drives. This does not include usage such as off-road use, running errands, trips to and from work, shopping malls, golf courses, vacations, etc., that require leaving the vehicle unattended. Mileage limitation is 2,500 annually. Street Rods, Modified Vehicles, and Replicars are exempt from this limitation; however, a 10% discount is available for physical damage coverage if a Limited Usage Warranty is signed.
- ◇ Vehicles **must** be insured to **100%** of current value. The **agreed amount** you declare will be the amount you receive in the event of a total loss.
- ◇ Detailed appraisals are required by a certified appraiser or a NSRA representative on Street Rods, Modifieds, and Replicars over \$25,000 value.
- ◇ Vehicles will be considered Modified if the engine is not original to that specific year and model of vehicle.
- ◇ On Street Rods, Modified Vehicles, and Replicars, there is a \$3,000 limitation on exterior paint. Additional coverage is available.
- ◇ Operators must have at least ten years driving experience.
- ◇ Operators may have no more than two minor violations **OR** no more than one accident involvement **OR** no major violations in the last five years.
- ◇ Physical damage must be written. Liability **MAY NOT** be written alone.
- ◇ A "Special Use" rate is now available for vehicles (over 30 years old) that may be occasionally driven to work no more than twice a week during the warm weather season and no more than 5,000 miles a year. An additional premium applies and annual odometer readings are required.
- ◇ Must be a Personal Auto Policy insuring the daily use vehicles. Must be a daily use vehicle for every driver in the household in addition to collector vehicle. If the collector vehicle is a pickup, there must also be a regular use pickup in the household.
- ◇ Collector vehicles must be in a locked, enclosed facility.
- ◇ Minimum vehicle value must be \$3,000.
- ◇ Payment and photos are required with the application. Photos must include a view of the full front, full rear, right and left sides, engine compartment, interior dashboard and the drivers seat.

**CONTINENTAL WESTERN INSURANCE COMPANY**

**Collector Car Application**

Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Agency Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Agency Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Payment Plan: \$50 Minimum Down Payment Required  
 Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  One Pay  Two Pay  Four Pay  Monthly Pay  
 Effective Date: \_\_\_\_\_  Monthly Electronic Funds (Complete CWG EFT form)  
 \* Avoid a \$5 installment charge with the EFT option  
 New Business  Endorsement to Policy # \_\_\_\_\_  Credit Card Payment (Call for details)

**List Vehicles To Be Insured: -- PHOTOS ARE REQUIRED WITH APPLICATIONS AND ENDORSEMENTS**

Veh	Year	Make/Model	Serial Number	Agreed Amount	Annual Miles	Odometer Reading	Special Use Rate (Y/N)	Vehicle Category
1.								
2.								
3.								
4.								

\*Please add a separate page for additional vehicles

COVERAGES and LIMITS	VEHICLE PREMIUMS		
	Veh. 1	Veh. 2	Veh. 3
<b>Liability for Bodily Injury-Per Person/Per Occurrence (select one)</b> <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 <input type="checkbox"/> \$300,000/300,000 <input type="checkbox"/> \$500,000/500,000 (if required by umbrella)	\$	\$	\$
<b>Liability for Property Damage</b> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000	\$	\$	\$
<b>Personal Injury Protection (No-Fault)</b> (Not available for Motorcycles or Tractors) <input type="checkbox"/> Basic (\$3,000 Medical) <input type="checkbox"/> \$5,000 Medical Expenses <input type="checkbox"/> \$10,000 Medical Expenses <input type="checkbox"/> <b>Medical Payments</b> (Only available for Motorcycles with a \$2,000 Limit.)			
<b>Uninsured Motorist</b> (Not available for Tractors) <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 <input type="checkbox"/> \$300,000/300,000 <input type="checkbox"/> \$500,000/500,000 <input type="checkbox"/> <b>Uninsured Motorists Property Damage</b> (Only available if Collision coverage is declined below)			
<b>Underinsured Motorist</b> (Not available for Tractors) <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 <input type="checkbox"/> \$300,000/300,000 <input type="checkbox"/> \$500,000/500,000			
<b>Physical Damage (Must be written)</b> Select One Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 Select One Coverage: <input type="checkbox"/> Comprehensive & Collision or <input type="checkbox"/> Comprehensive only			
<input type="checkbox"/> <b>Full Safety Glass</b> (For an additional charge)			
<input type="checkbox"/> <b>Towing and Labor</b> (For an additional charge) <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200			
<input type="checkbox"/> <b>Trip Interruption Coverage</b> (For an additional charge)			
<input type="checkbox"/> <b>Additional Exterior Paint Coverage</b> (For an additional charge - see page 3 for details)			
<input type="checkbox"/> <b>Limited Use Discount</b> (See page 3 for details)			
<input type="checkbox"/> <b>Senior Operator Motor Vehicle Accident Prevention Course Discount</b>			
<b>VEHICLE TOTALS</b>			
<b>POLICY TOTAL</b>			\$

**List ALL persons in the household (licensed and unlicensed):**

Name(s)	Driver's License Number	State	Date of Birth	Gender	Social Security Number	Marital Status
1.						
2.						
3.						
4.						
5.						

**EXTERIOR PAINT COVERAGE  
(FOR STREET RODS, MODIFIED VEHICLES, AND REPLICARS ONLY)**

- 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 # \_\_\_\_\_. This coverage will apply to Comprehensive (OTC) and to Collision, if applicable. Amount of additional coverage \$\_\_\_\_\_

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

**LIMITED USE DISCOUNT  
(FOR STREET RODS, MODIFIED VEHICLES, AND REPLICARS ONLY)**

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 comprehensive and collision. Please see usage warranty below.

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

**Additional Information**

**Is the collector vehicle financed or leased? \_\_\_ If yes, please provide the following information for all lienholders/leaseholders.**

Vehicle # (as shown on page 2): \_\_\_\_\_ Loan # (if available) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Underwriting Section - Must be Completed**

1. Are all collector cars kept in an enclosed and locked garage? \_\_\_ Garage location: \_\_\_\_\_
2. Will the vehicle(s) ever be used for racing or timed events? \_\_\_ If yes, explain \_\_\_\_\_
3. How will the collector car be used? \_\_\_\_\_. Will the vehicle(s) be driven to work? \_\_\_\_\_
4. If "Special Use" rate is requested (additional charge), how many weeks per year will it be driven to work? \_\_\_\_\_  
How many days per week: \_\_\_\_\_ One-way mileage to work: \_\_\_\_\_
5. If the vehicle being covered is a truck, does it have antique, classic, or collector plates? \_\_\_ Plate # \_\_\_\_\_
6. How are the vehicles titled? Name(s) on title for: Vehicle #1 \_\_\_\_\_  
Vehicle #2 \_\_\_\_\_ Vehicle #3 \_\_\_\_\_ Vehicle #4 \_\_\_\_\_
7. If vehicle(s) are not stock and original, describe all modifications. Vehicle #1 \_\_\_\_\_  
Vehicle #2 \_\_\_\_\_ Vehicle #3 \_\_\_\_\_ Vehicle #4 \_\_\_\_\_
8. Original engine for vehicle #1? \_\_\_ Size of engine? CI \_\_\_\_\_ HP \_\_\_\_\_ OTHER \_\_\_\_\_ Type of carb:  2 brl  4 brl Other \_\_\_\_\_  
Original engine for vehicle #2? \_\_\_ Size of engine? CI \_\_\_\_\_ HP \_\_\_\_\_ OTHER \_\_\_\_\_ Type of carb:  2 brl  4 brl Other \_\_\_\_\_  
Original engine for vehicle #3? \_\_\_ Size of engine? CI \_\_\_\_\_ HP \_\_\_\_\_ OTHER \_\_\_\_\_ Type of carb:  2 brl  4 brl Other \_\_\_\_\_
9. General condition of vehicle #1 Excellent \_\_\_ Fine \_\_\_ Very Good \_\_\_ Good \_\_\_ Restorable \_\_\_  
General condition of vehicle #2 Excellent \_\_\_ Fine \_\_\_ Very Good \_\_\_ Good \_\_\_ Restorable \_\_\_  
General condition of vehicle #3 Excellent \_\_\_ Fine \_\_\_ Very Good \_\_\_ Good \_\_\_ Restorable \_\_\_
10. Vehicle in process of active restoration: Vehicle # \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_ % complete \_\_\_\_\_  
Vehicle in process of active restoration: Vehicle # \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_ % complete \_\_\_\_\_
11. Are you a member of a car club? \_\_\_ Name \_\_\_\_\_
12. Youthful operators in your household? \_\_\_. Provide name(s), birthdate, & license number in driver section of application.
13. List all other vehicles in your household (modern vehicles for daily use): \_\_\_\_\_
14. Name of Insurance Company insuring the daily use vehicles? \_\_\_\_\_  
Is this a Personal Auto policy?  Yes  No Is this a Commercial Auto policy?  Yes  No
15. Any accidents or violations for drivers (list and describe)? Driver #1 \_\_\_\_\_  
Driver #2 \_\_\_\_\_ Driver #3 \_\_\_\_\_  
Driver #4 \_\_\_\_\_ Driver #5 \_\_\_\_\_
16. How did you hear about our company?  Insurance Agent  Magazine  Website  Car show  
 Mailer  Friend/Relative  Other (explain) \_\_\_\_\_

**PERSONAL INJURY PROTECTION COVERAGE WAIVER OF LOSS OF INCOME BENEFITS (UTAH)**

Income Benefits is an option under Personal Injury Protection coverage and provides, per person, the lessor of:

- 1. \$250 per week, or
- 2. 85% of any loss of gross income, or loss of earning capacity from the inability to work;

for up to a maximum of 52 weeks after an injury arising out of a loss covered by Personal Injury Protection insurance.

The first 3 days of disability are excluded, unless the disability continues for longer than 2 consecutive weeks after the injury.

Utah law allows the named insured to waive Income Benefits coverage of the named insured and the named insured's spouse, for a reduction in premium, if the conditions shown below apply.

Please read the conditions stated below, and check the appropriate statement:

- 1. Within the past 31 days, and for the next 180 days or for the period this insurance is effective, whichever is longer, neither I nor my spouse have received, and will not receive any earned income from regular employment.
- 2. If the above statement is true, you may choose one of the following:
  - I waive Income Benefits coverage for both my spouse and myself.
  - I want to continue Income Benefits coverage for my spouse and myself.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

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

**NOTICE OF INFORMATION PRACTICES:** Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD:** Any person who knowingly and with intent to defraud or deceive any insurance company or another person, files an application for insurance 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 subjects the person to criminal and civil penalties.

**ARBITRATION:** Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (The American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of property jurisdiction.

**LIMITED USAGE WARRANTY:** This program is intended to insure drivers and their vehicle(s), when their vehicle(s) are used on a restricted basis. Usage is anticipated to include club activities, shows, exhibits, parades, and the occasional pleasure drive or outing. The insured vehicle usage that is not intended nor anticipated is racing, any type of speed participation, any off-road use, any regular transportation to and from work or school, nor any use as the primary form of transportation. Annual mileage is not to exceed 2,500 miles per vehicle. Street rods, modified vehicles and replicars are exempt from this mileage restriction.

By signing below, I hereby state and agree to the guidelines of this program and will abide by the intent of the program concerning usage of the vehicle(s). I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

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

Date: \_\_\_\_\_ Agent's Name (Printed): \_\_\_\_\_

Agent's Phone No.(s): \_\_\_\_\_

Please send the following items to: CWG Collector Car Dept., PO Box 500, Luverne, MN 56156-0500.

- 1. Completed and signed application
- 2. Color photos of all vehicles (exterior, interior, and engine). You are welcome to e-mail digital photos to cwgccphoto@cwgin.com
- 3. Minimum down payment of \$50.