



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.cwqcollectorcar.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
Liability for Bodily Injury-Per Person/Per Occurrence (select one) <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)	\$	\$	\$
Liability for Property Damage <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	\$	\$	\$
Medical Payments \$2,000 included at NO CHARGE Optional: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000			
Uninsured Motorist (Not available for Tractors) See coverage description/rejection on page 4. <input type="checkbox"/> \$20,000/40,000 <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"/> Uninsured Motorists Property Damage (Only available if Collision coverage is declined below)			
Underinsured Motorist (Not available for Tractors) See coverage description/rejection on page 4. <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			
Physical Damage (Must be written) 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"/> Full Safety Glass (For an additional charge)			
<input type="checkbox"/> Towing and Labor (For an additional charge) <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200			
<input type="checkbox"/> Trip Interruption Coverage (For an additional charge)			
<input type="checkbox"/> Additional Exterior Paint Coverage (For an additional charge - see page 3 for details)			
<input type="checkbox"/> Limited Use Discount (See page 3 for details)			
<input type="checkbox"/> Mature Operator Accident Prevention Course Discount			
<input type="checkbox"/> Anti-Theft Protection Device Discount			
VEHICLE TOTALS			
POLICY TOTAL	\$		

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. Has any applicant or driver had a foreclosure, repossession, bankruptcy, judgement or lien during the last five years? _____
17. How did you hear about our company? Insurance Agent Magazine Website Car show
 Mailer Friend/Relative Other (explain) _____

ILLINOIS UNINSURED/UNDERINSURED MOTORIST COVERAGE
(Coverage Description and Acknowledgment of Coverage Rejection)

Illinois Insurance Law requires that all automobile liability policies contain uninsured motorists and underinsured motorists bodily injury coverage in limits equal to your bodily injury liability coverage. You may reject these limits and select the minimum limits of \$20,000 per person/\$40,000 per occurrence. By purchasing higher limits, you gain valuable protection at a relatively modest increase in premium.

Uninsured motorists coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has no liability protection and is legally responsible for the injuries. This includes a hit-and-run vehicle whose owner and operator cannot be identified.

Underinsured motorists coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has liability protection with limits that are lower than the underinsured motorists limits you have selected, and that person is legally responsible for your injuries. Underinsured motorists coverage is only available for limits greater than \$20,000 per person/\$40,000 per occurrence split limits.

(Initials)

_____ I wish to reject uninsured motorists coverage at limits equal to my bodily injury liability limits, and instead, I select lower limits of \$20,000/\$40,000. These limits do not include underinsured motorists coverage.

Uninsured motorists property damage coverage provides protection for property damage caused by an uninsured motorist. This coverage is available only for autos for which you have not purchased collision coverage.

(Initials)

_____ I do not have collision coverage and would like to select uninsured motorists property damage coverage for my vehicle(s).

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

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: _____ Date: _____

NOTICE OF INFORMATION PRACTICES: A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

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.

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@cwgins.com
3. Minimum down payment of \$50.