



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 1968 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 50/100 100/300 250/500 300/300 500/500 (Umbrella must require)
 Change PD Limits to: 25,000 50,000 100,000 250,000 \$500,000

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

Physical Damage (Must be written) We will match current policy deductibles unless indicated below.
 Change Comp / 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 coverage for \$5 premium \$75 for \$8 \$100 for \$10 \$200 for \$15

** COMPLETE ALL QUESTIONS WHEN ADDING VEHICLES **

1. **PHOTOS ARE REQUIRED WHEN ADDING VEHICLES.** Attach photos to this form or email digital photos to tsrimaging@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. Will the vehicle be used for racing, timed event or off roads? _____ If so explain. _____
4. 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? _____.
5. Name on the title of vehicle? _____
6. If the vehicle is modified or altered please describe all modifications to the vehicle(s) _____
7. Is this the original engine? _____ Type of engine? _____ Cubic Inch _____ HP _____ Type of carb: 2 brl 4 brl Other
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 lien holder _____.

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 # _____. Amount of additional coverage _____

Applicant's Signature _____

LIMITED USE DISCOUNT (For Street Rods, Modified Vehicles and Replicars 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:** _____

Name(s) of Additional Drivers	Driver's License Number	State where Licensed	Marital Status	Date of Birth
1.				
2.				