



<b>Program</b>	<input type="checkbox"/> Antique Vehicle Number_____	<input type="checkbox"/> Classic Vehicle Number_____	
	<input type="checkbox"/> Collectible Vehicle Number_____	<input type="checkbox"/> Custom Vehicle Number_____	
	<input type="checkbox"/> Exotic Vehicle Number_____	<input type="checkbox"/> Street Rod Vehicle Number_____	
<b>Mileage Plan</b>	Vehicle 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 3000 <input type="checkbox"/> 6000	Vehicle 2 <input type="checkbox"/> 1000 <input type="checkbox"/> 3000 <input type="checkbox"/> 6000	Vehicle 3 <input type="checkbox"/> 1000 <input type="checkbox"/> 3000 <input type="checkbox"/> 6000
<b>Loss Settlement Options</b>	Vehicle 1 <input type="checkbox"/> Agreed <input type="checkbox"/> Stated	Vehicle 2 <input type="checkbox"/> Agreed <input type="checkbox"/> Stated	Vehicle 3 <input type="checkbox"/> Agreed <input type="checkbox"/> Stated

<b>Coverage Summary</b>	<b>Vehicle 1</b>		<b>Vehicle 2</b>		<b>Vehicle 3</b>	
<b>Coverage</b>	<b>Limit/Deductible</b>	<b>Premium</b>	<b>Limit/Deductible</b>	<b>Premium</b>	<b>Limit/Deductible</b>	<b>Premium</b>
CSL Liability						
Med Pay/PIP						
Uninsured Motorists						
Underinsured Motorists						
Comprehensive						
Collision						
<b>Total Premium</b>		\$		\$		\$

Payment Plan  Full Pay  4-Pay  EFT (If EFT, attach form 00220-08-G (08/03))

**POLICY INTENT - PLEASE READ CAREFULLY**

The Elite Auto Policy is designed specifically for collectible autos, not for autos that are driven daily. Every driver insured by this policy must own another vehicle that he/she uses as his/her principal means of transportation. In no event will any vehicle specifically insured by this policy be used as a principal means of transportation by anyone. We require that every vehicle we insure under the Elite Auto Policy be used for occasional pleasure use only. This means, in part, that any auto insured under this policy is to be used only in activities related to participation in auto exhibitions, auto club activities, and leisure/pleasure drives. The vehicle must not be driven at a facility designed for racing, when practicing or testing for pre-arranged races, speed contests, time trials, driver's education, or on-track events. However, we have made an exception for participation in auto shows held at such a facility only if the show involves no driving of your vehicle and no other vehicles are driving in the facility during the show. Every auto insured must be driven no more than the annual mileage option selected, unless a Trip Extension Endorsement is purchased prior to additional use. Every auto must also be kept in a locked garage when not in use. **This is intended only as a general overview of your coverage, and in no way replaces or modifies any policy provisions or terms. For coverage details, please read your policy carefully.**

**Fraud Warning** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of benefits, and may subject you to civil damages. (If you are signing this application in AR, CO, D.C., FL, HI, KY, LA, ME, NJ, NM, NY, OR, PA, TN or VA, please see below for the fraud language required in your state.)

**INSURED STATEMENT** - I understand that the company will order a copy of the driving records for all operators and certify that permission to do so is hereby granted. I understand that the company is relying on the accuracy and truthfulness of the information I have provided in this application as an inducement to issuing the policy to me. I have selected the mileage plan appropriate for me. I hereby declare that all the information and statements above are true and complete and no material information has been withheld.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**North Dakota Notice** - We will consider your claim history in determining whether to decline, cancel, nonrenew, or surcharge your policy and any claims incurred will be reported to an insurance support organization.

**FRAUD WARNING NOTICE (This form is part of the application for insurance.)**

**Applicable in Arkansas** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in Kansas** - Any person who knowingly and with intent to defraud provides a written statement as part of or in support of an application, the rating of an insurance policy, or a claim for payment or other benefit in an insurance policy will be subject to penalties which may include imprisonment, fines, and denial of benefits.

**Applicable in Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other 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.

**Applicable in Louisiana** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in Maine, Tennessee and Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in New Jersey** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Applicable in New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Applicable in Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud, or helps commit a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**Applicable in Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**ADDITIONAL NOTICE**

**Applicable in Minnesota Only** - THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

**Applicable in Virginia** - READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURED AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.



Policy Number: \_\_\_\_\_

## OREGON SELECTION OF LOWER LIMIT OF LIABILITY FOR UNINSURED MOTORISTS COVERAGE

Oregon Insurance Laws (ORS 742.502) permits you, the insured named in the policy, to select a limit of liability for Uninsured Motorists Coverage lower than the limit for Bodily Injury Liability Coverage in the policy. Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Uninsured Motorists Coverage includes underinsured motorists coverage. Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

**Comparison of prices for coverage:**

\$ \_\_\_\_\_ is the price per vehicle for Uninsured Motorists Coverage at a limit equal to the bodily injury liability limit under the policy issued or to be issued.

\$ \_\_\_\_\_ is the price per vehicle for Uninsured Motorists Coverage with a lower limit for Uninsured Motorists Coverage, which I, a named insured, have requested.

I, a named insured, elect a lower limit of liability for Uninsured Motorists Coverage provided under the policy than the limit for Bodily Injury Liability Coverage. I acknowledge that I was offered Uninsured Motorists Coverage at a limit equal to that for Bodily Injury Liability Coverage.

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

**Signature and date** (PLEASE NOTE: a named insured must sign and date this statement within 60 days of the time a named insured elects lower limits.)

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date of Signature



## ELITE COLLECTOR PROGRAM

### AMENDATORY ENDORSEMENT - VEHICLE USAGE

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In consideration of the premiums charged under this policy, it is agreed that any vehicle insured under this program will be used for:

- a. exhibition;
- b. club activities;
- c. parades, or
- d. other functions of public interest.

Coverage will not apply when used for:

- a. backup transportation;
- b. errands;
- c. driving to work or school;
- d. business or commercial purposes;
- e. participation in, practicing, or testing for any racing, speed contest or time trial of any kind.

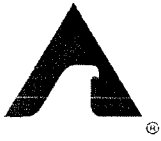
Occasional pleasure driving is permitted only when not in violation of the above. It is also agreed that:

- a. all vehicles will be kept in a completely enclosed, locked garage at night;
- b. no vehicle will be driven more than the annual mileage limitation declared on the face of the policy, without prior written consent of the Company.

You accept this endorsement:

\_\_\_\_\_  
SIGNATURE OF NAMED INSURED

\_\_\_\_\_  
DATE



AMERICAN MODERN HOME INSURANCE GROUP

**OREGON DRIVER EXCLUSION ENDORSEMENT**

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On the basis of driving record, you agree that any of the following coverages afforded by this policy:

- Liability Coverage, except while the insured vehicle is being operated on a military base or reservation;
- Medical Payments Coverage
- Other Than Collision; or
- Collision coverage

shall not apply to:

- any vehicle described in this policy;
- or any other vehicle to which coverage by this policy may be extended;

which such vehicle(s) is(are) being:

- used,
- driven,
- operated,
- manipulated by, or
- under the care, custody or control,

with or without permission, by the person named below:

**NAME OF EXCLUDED DRIVER**

**RELATIONSHIP TO INSURED**

However, the interests of any lienholder(s) will be protected in the event of a loss by Collision or Other Than Collision.

All other terms and conditions of this policy remain unchanged.

The Named Insured attests to acceptance of this endorsement by his(her) signature.

\_\_\_\_\_  
Signature/Acceptance of Named Insured

The driver excluded from coverage hereby acknowledges and agrees to the exclusion set forth herein, as witness his/her signature.

\_\_\_\_\_  
Signature/Acceptance of Excluded Driver