



AMERICAN MODERN HOME INSURANCE CO.
 AMERICAN SOUTHERN HOME INSURANCE CO.
 CONSUMERS COUNTY MUTUAL INSURANCE CO.
ELITE COLLECTOR CAR PROGRAM®

POLICY NUMBER: _____

AUTOMOBILE APPLICATION

AGENCY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGENCY: ADDRESS: PHONE: _____ FAX: _____	SUBPRODUCER CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SUBPRODUCER NAME: ADDRESS: PHONE: _____ FAX: _____
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APPLICANT INFORMATION	LIENHOLDER INFORMATION
LAST _____ FIRST _____ MI _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ WORK PHONE _____ HOME PHONE _____ FAX _____ () () ()	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ VEH.# _____ LOAN # _____ ANNUAL POLICY PERIOD: 12:01 AM STANDARD TIME REQUESTED EFFECTIVE DATE _____

GARAGE LOCATION (if different than address above)	GARAGE DESCRIPTION:
STREET _____ CITY _____ STATE _____ ZIP _____	IS GARAGE ALARMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE INFORMATION							
#	YEAR	MAKE	MODEL	VALUE	CUBIC INCHES	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1							
2							
3							

#	PURCHASE DATE	ODOMETER	LIST MODIFICATIONS OR RESTORATION EFFORTS <small>(Custom And Modified Worksheet Must Be Completed And Attached To Application If Applicable)</small>
1			
2			
3			

DRIVER INFORMATION								
List ALL members of household (Licensed and Unlicensed) plus others who drive listed vehicles.								
DR. #	NAME	DRIVERS LICENSE NUMBER	ST.	BIRTH DATE	MARITAL STATUS	% USE	RELATION TO INSURED	GENDER
1.								
2.								
3.								
4.								

List ALL traffic law convictions and ALL accidents (whether or not at fault) for ALL drivers for the past 3 years.					
DR. #	DESCRIPTION OF OCCURRENCE	AT FAULT?	DATE	\$ DAMAGE	INJ?

EXPLAIN ANY "YES" RESPONSE IN REMARKS	YES	NO	DR. #
Any driver(s) required to file financial responsibility in last 3 years?			
Any driver(s) have license cancelled, suspended or revoked in last 3 years?			
Any insurance declined, cancelled or non-renewed in the last 3 years? (Not applicable in MO or OH)			

REMARKS:

Own Single Family Home Own Multi-Family Home Own Condo/Townhouse Renting

INSURED'S PRESENT EMPLOYER	JOB TITLE	YRS. W/EMPLOYER	YRS. IN OCCUPATION

LIST ALL VEHICLES IN HOUSEHOLD OTHER THAN COLLECTIBLES. INCLUDE NON-OWNED COMPANY CARS.					
YR	MAKE/MODEL	DRIVER	YR	MAKE/MODEL	DRIVER

Program	<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_____	
Mileage Plan	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
Loss Settlement Options	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

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

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 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: _____

REJECTION OF UNDERINSURED MOTORISTS COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(WASHINGTON)

The Washington Code (Section 48.22.030), amended, permits you, the insured named in the policy, to reject the Underinsured Motorists Coverage in its entirety, to reject the property damage only portion of the Underinsured Motorists Coverage or to select a limit of liability lower than the limit for Liability Coverage in the policy. You may select a lower limit for property damage only if Underinsured Motorists Coverage is provided on a split limit basis.

Underinsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of underinsured motor vehicles because of bodily injury, death or property damage where either no bodily injury or property damage liability bond or insurance policy applies at the time of the accident, or where the sum of the limits of liability under all bodily injury or property damage liability bonds and insurance policies applicable to a covered person after an accident is less than the amount which the covered person is legally entitled to recover as damages.

In accordance with the Washington Code (Section 48.22.030), amended, the undersigned insured (and each of them)—

(Applicable item marked)

- agrees that the Underinsured Motorists Coverage afforded in the policy is hereby deleted.
- agrees that the property damage only portion of the Underinsured Motorists Coverage afforded in the policy is hereby deleted.
- agrees that the following lower limit of liability applies with respect to the Underinsured Motorists Coverage afforded in the policy.

(Enter if single limit of liability applies.)

\$ _____ each accident

(Enter if separate limits of liability apply to Bodily Injury and Property Damage or if lower limit(s) of liability apply to Bodily Injury or Property Damage only.)

\$	each person	Bodily Injury
\$	each accident	Bodily Injury
\$	each accident	Property Damage

SIGNATURE OF INSURED

DATE

SIGNATURE OF INSURED

DATE

This endorsement must be attached to the Change Endorsement when issued after the policy is written.



Policy Number: _____

OFFER OF PERSONAL INJURY PROTECTION COVERAGE (Washington)

Washington Insurance Laws require an insurer to offer Personal Injury Protection Coverage to its policyholders. Personal Injury Protection Coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of services.

You, the insured named in the policy, have the option of rejecting this coverage, accepting this coverage at the minimum limits or requesting this coverage at the higher limits.

The undersigned insured (and each of them)

(Applicable item marked)

- agrees that Personal Injury Protection Coverage is hereby rejected.
- agrees that the minimum limits apply to benefits provided under Personal Injury Protection Coverage (Medical and Hospital Expenses—\$10,000, Funeral Expenses—\$2,000, Income Continuation—\$10,000 subject to a maximum limit of \$200 per week, Loss of Services—\$5,000 subject to a limit of \$40 per day not to exceed \$200 per week).
- agrees that the higher limits apply to benefits provided under Personal Injury Protection Coverage (Medical and Hospital Expenses—\$35,000, Funeral Expenses—\$2,000, Income Continuation—\$35,000 subject to a maximum limit of \$700 per week, Loss of Services—\$14,600)

SIGNATURE OF INSURED

SIGNATURE OF INSURED

Date _____

Policy Number (if known) _____



DRIVER EXCLUSION ENDORSEMENT

In consideration of the continuation of this policy at the premium charged, it is agreed that all coverages, including:

Combined Single Limit Liability,
Medical Payments,
Personal Injury Protection Coverage where applicable,
Uninsured Motorists Coverage,
Underinsured Motorists, and
Coverage For Damage To Your Auto,

are not afforded by this policy while any vehicle described in the policy, or any other automobile to which the terms of this policy are extended, is 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	AGE	RELATIONSHIP TO INSURED
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All other terms and conditions of this policy remain unchanged.

The Named Insured accepts this endorsement and confirms acceptance as witness 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