



AMERICAN MODERN HOME
INSURANCE COMPANY

OREGON

COLLECTOR VEHICLE APPLICATION

Policy:	Previous AMIG Policy:
Agency Code:	Subproducer #:
Agency Name:	Sub Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

BASIC CLIENT INFORMATION

Titled Owner / First Name		Middle Initial	Titled Owner / Last Name		Home Phone	Mobile Phone
Work Phone	Primary Email Address		Mailing Address (Street)			
City	State	Zip	# of Regular Use Autos < 20 yrs	Requested Effective Date		

LIENHOLDER/OTHER PARTIES (IF N/A, DO NOT COMPLETE)

Type	Name	Mailing Address (Street)	City	State	Zip

OPERATOR INFORMATION (ALL INFORMATION REQUIRED)

Please identify all licensed members of the household or any other regular operator of the Collector Vehicles

OP #	First Name	Last Name	Gender (M/F)	Birthdate (MM-DD-YY)	Relationship to the insured	License #	State	Excluded?

ACCIDENT / CONVICTION INFORMATION

List all traffic law convictions, accidents (regardless of fault) and any insurance losses for all operators in the last 3 years (start with the most recent).

Operator #	Accident or Conviction Description - At Fault	Incident Date (MM/DD/YYYY)	Loss Amount

UNDERWRITING QUESTIONS (PLEASE EXPLAIN ANY "YES" ANSWERS IN THE REMARKS SECTION)

Do any licensed operators listed above NOT have a vehicle available for daily use that will not be insured on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any daily use vehicles carry Liability coverages less than the coverage requested on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any operator's insurance been cancelled, non-renewed, or declined in the past 3 years? (Not Applicable in Missouri)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any operator been required to file financial responsibility in the past 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT maintained primarily for car club activities, exhibitions, leisure/pleasure drives, or for a private collection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units NOT stored in a fully enclosed locked garage facility when not in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units for sale or being held for consignment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units leased?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any units titled to a person/entity not listed on this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REMARKS

LIABILITY & POLICY LEVEL COVERAGES

Coverage Description	Limit/Deductible	Auto/Truck	Motor-cycle	Race Vehicle	Non-Registered	Trailer	Premium
Bodily Injury/Property Damage Combined Single Limits							
Uninsured/Underinsured Bodily Injury Combined Single Limits							
Uninsured Motorists Property Damage							
Personal Injury Protection							
Nationwide Roadside Assistance							
Trip Interruption Coverage							

UNIT INFORMATION

(Information should be entered as shown on the vehicle registration to ensure proper reporting to the state)

UNIT #1	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Identification Number
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	
	GARAGING LOCATION					
	Description	Address (Street)		City	State	Zip
	UNIT COVERAGES					
	Coverage Description		Limit/Deductible		Premium	
	Collision Agreed Value					
	Other Than Collision Agreed Value					
	UNIT # 1 Total Premium:					
	UNIT #2	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Op#		Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	
GARAGING LOCATION						
Description		Address (Street)		City	State	Zip
UNIT COVERAGES						
Coverage Description		Limit/Deductible		Premium		
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT # 2 Total Premium:						
UNIT #3		Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	
	GARAGING LOCATION					
	Description	Address (Street)		City	State	Zip
	UNIT COVERAGES					
	Coverage Description		Limit/Deductible		Premium	
	Collision Agreed Value					
	Other Than Collision Agreed Value					
	UNIT # 3 Total Premium:					
	UNIT #4	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Op#		Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	
GARAGING LOCATION						
Description		Address (Street)		City	State	Zip
UNIT COVERAGES						
Coverage Description		Limit/Deductible		Premium		
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT # 4 Total Premium:						
UNIT #5		Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)	Value	
	GARAGING LOCATION					
	Description	Address (Street)		City	State	Zip
	UNIT COVERAGES					
	Coverage Description		Limit/Deductible		Premium	
	Collision Agreed Value					
	Other Than Collision Agreed Value					
	UNIT # 5 Total Premium:					

UNIT #6	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Identification Number
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)		Value
	GARAGING LOCATION					
	Description	Address (Street)		City		State Zip
	UNIT COVERAGES					
Coverage Description			Limit/Deductible		Premium	
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT # 6 Total Premium:						
UNIT #7	Year	Make	Model	Body Type	Modified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Identification Number
	Primary Op#	Class	Current Odometer Reading	Purchase Date (MM/YYYY)		Value
	GARAGING LOCATION					
	Description	Address (Street)		City		State Zip
	UNIT COVERAGES					
Coverage Description			Limit/Deductible		Premium	
Collision Agreed Value						
Other Than Collision Agreed Value						
UNIT # 7 Total Premium:						
DISCOUNTS AND SURCHARGES APPLIED						
TOTAL POLICY PREMIUM						
Total 12-month policy premium:						
BILLING INFORMATION						
Payment Plan:		Minimum Down Payment:		Down Payment Method:		Payment Received:
EFT Bank ABA#:		EFT Account Number:		EFT Account Type:		Eff. Day of Month (1-28):
Credit Card Type:		Credit Card Number:				Expiration Date (MM/YY):
Bill Plan	Down Payment Required	Total # of Installments	Estimated Installment Amount	Installment Service Charge		
<input type="checkbox"/> FULL PAY INVOICE <input type="checkbox"/> FULL PAY ELECTRONIC <input type="checkbox"/> QUARTERLY PAY INVOICE <input type="checkbox"/> QUARTERLY PAY ELECTRONIC <input type="checkbox"/> MONTHLY PAY ELECTRONIC						
POLICY INTENT - PLEASE READ CAREFULLY						
<p>This policy is designed specifically for collectible vehicles and all operators must maintain a separate vehicle for regular use. Any vehicle insured under this policy is to be used for occasional pleasure use only, including car club activities, car shows, and the occasional leisure/pleasure drive. Coverage does not apply to "on track" events. The mileage plan selected for your vehicle should not be exceeded. This is intended as a general overview of your coverage, and in no way replaced or modifies any policy provisions or terms.</p> <p>INSURED STATEMENT - I affirm that the information provided is true and to the best of my information no material information has been withheld. I hereby authorize appropriate state authorities to release my motor vehicle driving record to the Company or its representatives.</p> <p>Applicant's Signature: _____ Insurance Agent's Signature: _____ Date: _____</p> <p>FRAUD NOTICE - Willfully falsifying material facts on an application or claim may subject you to criminal penalties. Any person who knowingly and with intent to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.</p>						