

1. Underwriting Information:

Name: First Middle Last
 Address: Street City State Zip Code
 Home Phone Work/Cell Phone e-mail Occupation
 Marital Status: Married Single Divorced Separated Children: Yes No Ages: Boys Girls
 Present Insurance Carrier None Name Expiration Date

2. Driver Information:

Name Drives License # S S# Date of Birth
 Name Drives License # S S# Date of Birth
 Tickets and/or accidents: (within the last three years) None:
 Name Month Year Ticket/Accident Description
 Name Month Year Ticket/Accident Description

3. Vehicle Information:

Vehicle Type: Antique/Classice Hot/Street Rod Kit/Replica Other – Describe Vehicle Usage

Year	Make	Model	Vin/Serial Number	Market Value	Agreed Value	Condition	Pleasure	Commute
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Association Member: Yes No Association Name Licensed for Road Use? Yes No

4. Coverages and Deductibles: (Please select the coverages and limits to be quoted)

Basic Coverage

Standard Coverage

Preferred Coverage

Liability - Bodily Injury: \$25,000/\$50,000
 Liability - Property Damage: \$25,000
 Personal Injury Protection: \$10,000
 Medical Payments: \$5,000
 Un/Underinsured Motorist - Bodily Injury: \$25,000/\$50,000
 Un/Underinsured Motorist - Property Damage: \$10,000

Liability - Bodily Injury: \$100,000/\$300,000
 Liability - Property Damage: \$100,000
 Personal Injury Protection: \$30,000
 Medical Payments: \$10,000
 Un/Underinsured Motorist - Bodily Injury: \$100,000/\$300,000
 Un/Underinsured Motorist - Property Damage: \$50,000

Liability - Bodily Injury: \$500,000/\$500,000
 Liability - Property Damage: \$500,000
 Personal Injury Protection: \$50,000
 Medical Payments: \$25,000
 Un/Underinsured Motorist - Bodily Injury: \$500,000/\$500,000
 Un/Underinsured Motorist - Property Damage: \$100,000

Agreed Value Yes No Coverage limit \$ Towing/Roadside Assistance Yes No Deductible \$
 Spare Parts Yes No Coverage limit \$ Mileage Plan Yes No Annual Mileage

Note: If necessary, please use additional copies of this form to provide all information requested.



Other Coverages, Features and Endorsements

Agreed Value

Pays the vehicle's full insured value (less any applicable deductible) with no depreciation in the event of a total loss.

Drive-To-Work

Drive your collectible vehicle to work up to 30 days during the annual policy term.

Traveling Collector

Pays for additional expenses in the event of an accident while traveling in your collector vehicle. Pays up to \$1,500 for the use of a rental vehicle, repayment for lost event expenses (tickets, fees, etc.) and lodging and other expenses required during repairs to your collector vehicle.

Vehicle under Construction

Value of your vehicle is automatically raised 10% per quarter up to a maximum of \$25,000.

Spare Parts Coverage

Spare parts are automatically covered from \$500.00 to \$750.00. You can increase the limit of coverage for an extra premium.

Flexible Usage Mileage Plans

Mileage Plans are available to reduce you cost and help you enjoy the freedom of cruising without keeping an eye on the odometer and suit your driving habits.

Business Use

Extends coverage for an event lasting up to 72 hours such as photo shoots, Movies or TV Commercials, Small Business Promotions and Weddings.

Inflationary Increase

Vehicle's Agreed Value is automatically increased up to 2% per year, up to a maximum of 8% per year, at no additional cost.

- 1,000 Mile Plan**
- 3,000 Mile Plan**
- 5,000 Mile Plan**
- Unlimited Mileage Plan**

Automobilia

Any historic or collectible item linked with motor vehicle is eligible.

**Automatic Coverage
Additions to your Collections**

Newly acquired vehicles added to your collection during the policy term are automatically provided with 30 days' coverage, up to \$25,000 in value.

I understand and agree that this document is designed to help me determine the coverages that meet my individual needs. It is for informational purposes only and any insurance coverage provided will be governed by the policy and/or declaration page. This document does not amend, modify, or supersede any term of the policy and/or declaration page. ISW makes no warranties, express or implied, as to the applicability or thoroughness of the content of this document. I agree that I am responsible for reading any and all policy documents for determining whether the coverages are appropriate for my individual needs. I further understand and agree that any and all product recommendations, recommended coverages, and/or recommended limits are based on limited information I provided. Changes made on this document do not result in changes to my policy. Any policy changes must be processed through the ISW policy system. I agree that ISW will not be held liable for any losses or damages, including punitive damages, resulting from my reliance or use of this worksheet.

Customer Name (printed): _____ Customer Signature: _____

Quotation provided by:

Insurance Services of Washington
P. O Box 62
Redmond, WA 98073-0062

Phone: 1-800-326-1257
Fax: 425-868-2411
web-site: www.iswash.com

