

Collector Car Insurance Application

APPLICANT INFORMATION: Agent: LaRue Insurance, Inc., PO Box 119, Hodgenville, KY 42748 Phone: 270-358-3101 Fax: 270-358-8978

Name: _____ Date of Birth: _____ Proposed Effective Date: _____
 Address 1: _____ Phone: _____ Fax: _____
 Address 2: _____ Occupation: _____ SSN: _____
 City/State/Zip: _____ Email: _____

COVERAGES (Select same or lower limits as your family auto policy):

Bodily Injury Liability	Property Damage	Physical Damage	UM/UIM	Medical/PIP		

VEHICLES TO BE INSURED:

Year	Make	Model	Mileage Plan	VIN	Odometer Reading	Vehicle Value	Modified	Exotic	Deductible Options	
									Comp.	Collision
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER INFORMATION (All members of household must be listed – licensed or not):

Name	Date of Birth	Sex	Marital Status	Relationship to Applicant	Driver's License No.	License State
1						
2						
3						
4						
5						
6						

Notes: 1. Make checks payable to LaRue Insurance, Inc. 2. No coverage is bound until a Binder or Auto I.D. card has been issued.

All applicants must be approved by underwriter.

UNDERWRITING INFORMATION:

Storage Location (if different): _____
Describe Storage Bldg. (age, const, use): _____
Describe Protection (alarms, etc.): _____
Distance to nearest Fire Dept.: _____
How many car events do you attend annually? _____
Describe method of transporting vehicles: _____
How many other cars are owned by members of your household? _____
Name of your family auto insurance carrier: _____
Collector Car lien holder(s): _____

IN THE PAST 5 YEARS HAS ANY DRIVER IN YOUR HOUSEHOLD:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Had their drivers license revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Been convicted of a moving violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Been involved in a motor vehicle accident? |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Been convicted of a drug or alcohol related violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Does any driver have any physical or mental impairment? |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Has any driver been licensed less than 10 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Has your insurance ever been cancelled? |

Please explain 'Yes' answers in Remarks section to right.

Remarks:

THE FOLLOWING IMPORTANT CONDITIONS APPLY TO THIS INSURANCE:

1. Annual mileage is limited (Based on plan selected) and usage is restricted to occasional pleasure driving, car shows, parades and club events.
2. Vehicles are not to be used for daily transportation, commuting or business.
3. Policy excludes racing, race testing, speed trials, on-track or similar events.
4. Coverage does not apply when an insured's vehicle is being operated by any driver with less than 10 years experience as a licensed driver.
5. Physical Damage coverage is based on "Stated Amount" unless stated otherwise.
6. Photos showing all four sides of the vehicle must be provided. A photo of the engine compartment is required if the vehicle has been modified.
7. Coverage does not attach until a Binder or Auto I.D. card has been issued.

Coverage is subject to the terms, conditions and exclusions of the policy. Please read it carefully.

I hereby attest to the truth of the above statements and declare that I have not withheld any information that might tend, in any way, to increase the risk of the company or influence the acceptance of coverage. Additionally, I understand that any false statement by me will cause the policy, if issued, to be void as provided by the conditions of the policy. I agree this information shall become the basis for the policy, if issued, and will become part of my file.

**This is an application for insurance coverage.
Coverage does not attach until a Binder or Auto I.D. Card has been issued.**

Any person who knowingly and with intent to defraud any insurance company or any 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 material fact thereto, commits a fraudulent insurance act, which is a crime. In New York, any person shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

APPLICANT'S SIGNATURE DATE

LICENSED AGENT'S SIGNATURE DATE

Amendatory Endorsement – Vehicle Usage

In consideration of the premium charges under this policy, and intent of this program, it is AGREED and WARRANTED that any vehicle insured under this program will be used for:

- a. Exhibition
 - b. Club Activities
 - c. Parades
 - d. Other functions of public interest or
 - e. Occasional pleasure driving
- Only when not in violation of the provisions listed below (items a-f)

COVERAGE WILL NOT APPLY WHEN THE INSURED VEHICLE IS USED FOR:

- a. Backup transportation
- b. Errands (i.e. grocery shopping, trips to large shopping centers)
- c. Driving to or from work or school
- d. Business or commercial purposes
- e. Utility use which includes towing, hauling or off road use
- f. Participation in, practicing or testing for any racing, speed contest, time trial or track event of any kind, whether competitive or not.

It is also warranted coverage will not apply unless:

- a. All vehicles are kept in a fully enclosed, locked permanent structure garage facility when not in uses, with the exception of during and in course of a car related event.
- b. No vehicle will be driven more than the annual mileage limitation selected.

Your signature confirms your understanding and acceptance of this endorsement and its terms and conditions.

Signature of Named Insured Date

Policy Number

54 Lincoln Square, PO Box 119, Hodgenville, KY 42748
Phone: 270-358-3101 • Toll Free 1-800-303-3518 • Fax: 270-358-8978
E-mail: service@larueinsurance.net

Credit Card / Check Duplication Authorization Form

CREDIT CARD ACCEPTANCE: I authorize LaRue Insurance, Inc. to charge my premium payment to my Credit Card.

Policy / Submission Number: _____ To Be Determined
Applicant Name: _____
Name as it appears on Credit Card if different than above: _____
Address: _____
Day Phone: _____ Evening Phone: _____

CREDIT CARD INFORMATION:

Card Type: VISA Master Card Other: _____
Credit Card Account #: _____ Expiration Date: _____
Amount: _____

CHECK DUPLICATION

I authorize LaRue Insurance, Inc. to use this information to create a duplicate check to be deposited in LaRue Insurance's bank account.
The premium payment will be put towards my Collectible auto policy.

Bank Name: _____ Routing Number: _____
Address: _____ Checking account number: _____
City, ST, ZIP _____ Check number: _____

Attach a copy of original check in this space.
No duplicate check will be generated until the approval of your submission.

(copy of check here)

NOTE: Please send the original application including photos, and declarations page for original use vehicles for our files within 14 days of receiving approval of your submission. We will be forced to cancel your policy if the original application is not received.