



POLICY NUMBER: [ ]

NEW MEXICO ELITE COLLECTOR CAR PROGRAM®

AUTOMOBILE APPLICATION

AGENCY CODE [ ] [ ] [ ] [ ] [ ] [ ]
AGENCY:
ADDRESS:
PHONE: FAX:
SUBPRODUCER CODE [ ] [ ] [ ] [ ] [ ] [ ]
SUBPRODUCER NAME:
ADDRESS:
PHONE: FAX:

APPLICANT INFORMATION
LAST FIRST MI
ADDRESS
CITY STATE ZIP
WORK PHONE HOME PHONE FAX
LIENHOLDER INFORMATION
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)
STREET
CITY STATE ZIP
GARAGE DESCRIPTION:
IS GARAGE ALARMED? YES [ ] NO [ ]

VEHICLE INFORMATION table with columns: #, YEAR, MAKE, MODEL, VALUE, CUBIC INCHES, BODY TYPE, VEHICLE IDENTIFICATION NUMBER

Table with columns: #, PURCHASE DATE, CURRENT ODOMETER, LIST MODIFICATIONS OR RESTORATION EFFORTS

DRIVER INFORMATION table with columns: DR. #, NAME, DRIVERS LICENSE NUMBER, ST., BIRTH DATE, MARITAL STATUS, % USE, RELATION TO INSURED, GENDER

Table with columns: DR. #, DESCRIPTION OF OCCURRENCE, AT FAULT?, DATE, \$ DAMAGE, INJ?

EXPLAIN ANY "YES" RESPONSE IN "REMARKS" SECTION ON REVERSE SIDE
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)

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

<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	

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						
<b>Total Premium</b>		\$		\$		\$

Payment Plan	<input type="checkbox"/> Full Pay	<input type="checkbox"/> 4-Pay	<input type="checkbox"/> EFT (If EFT, attach form 00220-08-G (08/03))
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**REMARKS**

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**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.

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

**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.