



400 HORSHAM ROAD | P.O. BOX 1957
HORSHAM, PENNSYLVANIA 19044
1.888.647.8639

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COVERAGE SELECTIONS

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COVERAGE SELECTIONS

BELOW IS A LIST OF COVERAGES INCLUDED UNDER THIS POLICY.

DESCRIPTION	LIMIT/ DEDUCTIBLE	DEDUCTIBLE DESCRIPTION	PREMIUM
Bodily Injury and Property Damage Liability			\$26.00
Combined Single Limit (Per Accident)	\$100,000		
Uninsured Motorists			\$1.00
Combined Single Limit (Per Accident)	\$60,000		
Personal Injury Protection - Basic Reparation Benefits	\$0	Coverage (Aggregate)	\$3.00
Coverage (Aggregate)	\$10,000		
Medical Expenses and Funeral Expenses (Per Accident)	\$1,000		
Other Services (Per Week)	\$200		
Auto Show Medical Reimbursement			\$0.00
Full Windshield Coverage			\$0.00
Spare Parts			\$0.00
Spare Parts (Per Vehicle)	\$500		
Towing and Labor			\$0.00
Towing and Labor (Per Vehicle)	\$250		
Trip Interruption			\$0.00
Coverage (Aggregate)	\$600		

COVERAGE FOR DAMAGE TO YOUR VEHICLE(S):

<u>VEHICLE</u>	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>
1	Comprehensive	\$0	\$115.00
1	Collision	\$0	\$115.00
2	Comprehensive	\$0	\$113.00
2	Collision	\$0	\$113.00
3	Comprehensive	\$0	\$70.00
3	Collision	\$0	\$20.00
Applicable state taxes and/or fees:		\$43.49	
TOTAL ANNUAL PREMIUM:			\$619.49

COVERAGE SELECTIONS

Uninsured/Underinsured Motorist Coverage

We included the minimum statutory uninsured/underinsured motorist ("UM/UIM") coverage required in this collector vehicle premium quotation. Some states require you to have this coverage on your vehicle insurance policy with limits up to your liability limits. Generally, the UM/UIM coverage on your primary vehicle insurance policy covers you and all members of your family that reside in your household with you. This coverage applies whether you are in your vehicle or not as long as the motorist that caused your injuries was uninsured or underinsured. For example, if you were a passenger in someone else's vehicle that is hit by an uninsured driver, your uninsured motorist coverage on your primary vehicle insurance policy would apply. Please review and sign the enclosed Selection/Rejection Form indicating you agree to the included coverage. Higher limits are available subject to underwriting and an additional premium.

Taxes, Surcharges and Fees Notice

Note: the above premium quotation may not account for all taxes, surcharges, and/or fees mandated by the state or municipality in which you reside. The final policy will include a description of how taxes, surcharges, and fees, if applicable, have been allocated as determined by the risk location. Please contact a Grundy representative if you have any questions.

COLLECTOR VEHICLE COVERAGE THROUGH PHILADELPHIA INDEMNITY INSURANCE

APPLICATION



A. APPLICANT INFORMATION

Name: CV KYAccountTest			
Quote #: RS836353			
Street: 1381 Bardstown Rd			
City: Louisville	State: KY	County: Jefferson	Zip: 40204
Phone: 502-895-5222		Email:	

B. VEHICLE INFORMATION

Veh #	Year	Make	Model	Vehicle Identification Number	Registered? Yes	No	Est. Annual Mileage	Agreed Value
1	2002	Chevrolet	Corvette Coupe	1G1YY32GX25125254	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2501-5000	\$16,425
2	1966	Ford	Mustang Convertible	6F07A294240	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2501-5000	\$16,225
3	1941	Mercury	Woody	99A323396	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2501-5000	\$10,000

C. HOUSEHOLD DRIVERS The information below MUST include ALL licensed drivers in the household AND it is MANDATORY.

Name	D.O.B.	Driver License Number	Do you operate any Collector Car? Yes	No	Losses/Violations in the last 3 years? None	1	2 or more	What is your daily driver vehicle?
John Houterman	02/07/1991	456789	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audi

D. PLEASE ANSWER THE FOLLOWING & EXPLAIN "YES" RESPONSES IN THE REMARKS SECTION.

	Yes	No
1. Any collector vehicle used for racing or rallying?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any collector vehicle used for driving to and from work or school?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any collector vehicle used for errands, back-up, primary or secondary transportation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does engine, body, or drivetrain differ from maker's original?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will engine, body, or drivetrain be changed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all collector vehicles garaged indoors at the above address when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all collector vehicles registered at the above address? (If not, provide registered address below)	<input type="checkbox"/>	<input type="checkbox"/>
8. Preferred effective date of coverage?	Date: 09/03/2018	

Remarks & please explain all losses/violations:

E. COVERAGES

Liability: \$100,000.00

Uninsured Motorists: Minimum Statutory Limits included, unless another option is selected

Medical Payments or PIP: Minimum Statutory Limits included, unless another option is selected

Comprehensive: Required for all vehicles (liability-only not available)

Collision: Vehicle(s)

☒1 ☒2 ☒3

Deductible: \$0

Broker Information:
Name:
Address:
Phone:

CONDITIONS-PLEASE READ BEFORE SIGNING

COVERAGE IS CONTINGENT UPON COMPLIANCE WITH THE FOLLOWING CONDITIONS

STORAGE: While not in use, my vehicle(s) will be kept in a fully enclosed garage.
USE: <ol style="list-style-type: none">1. My vehicle(s) will be used on a limited basis consistent with the operation of a collectible vehicle such as occasional pleasure drives and club/hobby activities.2. My vehicles(s) will not be used frequently for regular driving such as driving to and from work or school, shopping, errands, general transportation, or back-up use.
INSURED REGULAR USE AUTO: <ol style="list-style-type: none">1. Each driver within my household has a separately insured regular use of vehicle of which he or she is the primary operator.2. All of the regular use vehicles in my household are insured by a separate personal auto insurance policy (or if a business auto policy, with the appropriate personal liability endorsements), maintained in my name (if owned by me), in full force and effect for the entire term of this policy.3. In no event will this policy serve as my household's only auto insurance.
REPLICA/KIT CAR <p>As a condition of any coverage provided by Philadelphia Indemnity Insurance Company, you must register your vehicle within 5 business days. Once your vehicle has been registered with the state and issued a VIN number, please provide us with this information within 10 days. Upon receipt of this information, we shall issue you an updated Insurance ID card as well as provide the DMV in your state with evidence of coverage for your vehicle(s).</p>

APPLICANT'S STATEMENT

I acknowledge that I have read and understood this application in its entirety and that if Philadelphia Indemnity Insurance Company or its authorized representative agrees to issue a policy to me, coverage will be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Failure to comply with any of the above conditions may result in coverage being voided or a claim being denied.

Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

THERE IS NO COVERAGE IN PLACE UNTIL YOU RECEIVE SPECIFIC NOTIFICATION FROM US.

PROPOSED EFFECTIVE DATE: 09/03/2018	1st APPLICANT SIGNATURE:	DATE:
	2nd APPLICANT SIGNATURE:	DATE:

PLEASE SUBMIT YOUR GRUNDY WORLDWIDE APPLICATION, PHOTOGRAPHS, AND PAYMENT TO:

Grundy Worldwide
400 Horsham Road
P.O. Box 1957
Horsham, Pennsylvania 19044

Phone: 888.647.8639
Fax: 215.674.5685
Email: newapps@grundy.com

INFORMATION REQUIRED FOR A COMPLETE APPLICATION:

- ☒ Signed and currently dated Application
- ☒ Signed and currently dated State UM/UIM selection/rejection forms (if required by state)
- ☒ Clear photos (submitted online, by email, or by postal mail)
- ☒ Copy of Vehicle Registration (submitted by email, by postal mail, or by fax)
- ☒ Payment of Full Annual Premium (submitted by postal mail or made over the phone with a credit or debit card)

KENTUCKY LOCAL GOVERNMENT PREMIUM TAX APPEAL NOTICE

The amount of the local government premium tax charged for the Policy Period is shown on the FEES AND SURCHARGE SCHEDULE included with your new or renewal policy.

The name of the taxing jurisdiction is also included with the policy in the Kentucky Tax Schedule Document. Please review your policy carefully to determine if the proper city or county has been named.

If you believe there has been an error in the tax charged for any Policy Period, you must follow the appeals process set up by the Kentucky Department of Insurance.

The first step in this process is to send us a request asking that we review the amount of local government premium tax charged. The request must include the following information:

- ☐ Name of Insured
- ☐ Address of location of risk insured
- ☐ Amount of overpayment
- ☐ Dates of coverage
- ☐ Amount of tax paid
- ☐ The type of risk insured

You can send this request to us at the following address:

Philadelphia Insurance Companies
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
Corporate Underwriting Department
Attn: Assistant Vice President

You can ask the Department of Insurance to review your request if we do not: (a) respond; (b) make a payment; or (c) issue a credit within 90 days. **You must send your request to the Department of Insurance by certified mail.** Your request must be sent to the Department within 30 days after receiving our response or, if we fail to respond, within 30 days after the end of the 90 day period described earlier in this paragraph.

The Department of Insurance has 60 days, with the option of one 30 day extension, to issue a final order. Either party may appeal the Department of Insurance order within 60 days and ask for an administrative hearing.

All requests for refunds or credits must be made within two years of the payment in question.

Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

Date: 09/03/2018

Named Insured: CV KYAccountTest

Quote Number: RS836353

Kentucky Tax Schedule

Kentucky Municipal Tax

Line of Business	Location Number	Vehicle Number	Municipal Authority Name	Premium	Tax Rate	Tax
AT	0	0	LOUISVILLE-JEFFERSON	\$30.00	5.00	\$1.50
AT	0	1	LOUISVILLE-JEFFERSON	\$230.00	5.00	\$11.50
AT	0	2	LOUISVILLE-JEFFERSON	\$226.00	5.00	\$11.30
AT	0	3	LOUISVILLE-JEFFERSON	\$90.00	5.00	\$4.50

Kentucky Surcharge

Line of Business	Location Number	Vehicle Number	Premium	Tax Rate	Tax
AT	0	0	\$30.00	1.80	\$0.54
AT	0	1	\$230.00	1.80	\$4.14
AT	0	2	\$226.00	1.80	\$4.06
AT	0	3	\$90.00	1.80	\$1.62

Kentucky Collection Fee

Line of Business	Location Number	Tax Rate	Tax
AT	0	0.15	\$0.23
AT	0	0.15	\$1.72
AT	0	0.15	\$1.70
AT	0	0.15	\$0.68