



WORLDWIDE

A DIVISION OF PHILADELPHIA INSURANCE COMPANIES

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

COLLECTOR VEHICLE PREMIUM QUOTATION

Premium Quotation Number: RS836401

Quotation Date: 09/04/2018

CV VAAccountTest
941 West Broad Street
Richmond, VA 23220

Grundy Worldwide
400 Horsham Road
P O Box 1957
Horsham, PA 19044
1.888.647.8639
newapps@grundy.com

Requested Effective Date: 09/04/2018

Thank you for considering Grundy Worldwide as your insurance carrier for your collector vehicle(s). Please review the coverages you selected and follow the instructions below to accept our offer of insurance.

INFORMATION REQUIRED FOR A COMPLETE SUBMISSION:

- ☒ Signed and currently dated Application
- ☒ Signed and currently dated State UM/UIM selection/rejection forms (if required by state)
- ☒ One (1) clear photo of each vehicle to be covered
- ☒ Copy of Vehicle Registration, or title if not yet registered, to assure accurate state notification.
- ☒ Full Annual Premium

If you would like to purchase coverage, please return the above Complete Submission Requirements in the return envelope along with full payment and Payment Coupon. This quotation is valid the earliest of thirty (30) days from the Quotation Date or the Requested Effective Date. Premium is subject to change if the coverage is requested after that date. No coverage is afforded or implied unless shown in this proposal.

This premium quotation does not constitute a binder of insurance. This premium quotation is strictly limited to the terms and conditions herein. This premium quotation is based on the information provided in the application and may be subject to change.

To speak with a Customer Service Representative, please call our Customer Service Department at 888-647-8639. You may mail the paperwork in the return envelope provided, fax the paperwork to 215-674-5685, or email the paperwork to newapps@grundy.com.

Make all checks payable to: **Grundy Worldwide**. Please include your account number on your check

PAYMENT COUPON

CV VAAccountTest
941 West Broad Street
Richmond, VA 23220-

Invoice Number:	05001303025
Account Number:	83389252
Billing Date:	09/04/2018
Due Date:	09/04/2018
Amount Due:	\$635.00

Remittance Amount: \$

PHILADELPHIA INSURANCE COMPANIES
400 Horsham Road
P.O. Box 1957
Horsham PA 19044

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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			\$30.00
Combined Single Limit (Per Accident)	\$100,000		
Uninsured/Underinsured Motorists			\$2.00
Combined Single Limit (Per Accident)	\$100,000		
Medical Expenses			\$1.00
Medical Expenses (Per Person)	\$2,000		
Income Loss Benefits			\$1.00
Work Loss (Per Person Per Week)	\$100		
Work Loss (Maximum Weeks)	52		

COVERAGE FOR DAMAGE TO YOUR VEHICLE(S):

<u>VEHICLE</u>	<u>COVERAGE</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>
1	Collision	\$0	\$126.00
1	Other than Collision	\$0	\$126.00
2	Collision	\$0	\$125.00
2	Other than Collision	\$0	\$125.00
3	Collision	\$0	\$22.00
3	Other than Collision	\$0	\$77.00
Applicable state taxes and/or fees:		\$0.00	
TOTAL ANNUAL PREMIUM:			\$635.00

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 VAAccountTest			
Quote #: RS836401			
Street: 941 West Broad Street			
City: Richmond	State: VA	County:	Zip: 23220
Phone: 804-644-2526		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: 09/04/2018	

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:

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:

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

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).

FRAUD NOTICE STATEMENT

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

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: 09/04/2018	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)

(The following pertains to Section 38.2-2202.A of the Virginia Insurance Code.)

IMPORTANT NOTICE

IN ADDITION TO THE MINIMUM INSURANCE REQUIRED BY LAW, YOU MAY PURCHASE ADDITIONAL INSURANCE COVERAGE FOR THE NAMED INSURED AND FOR HIS RELATIVES WHO ARE MEMBERS OF HIS HOUSEHOLD WHILE IN OR UPON, ENTERING OR ALIGHTING FROM A MOTOR VEHICLE, OR THROUGH BEING STRUCK BY A MOTOR VEHICLE WHILE NOT OCCUPYING A MOTOR VEHICLE, AND FOR OCCUPANTS OF THE INSURED MOTOR VEHICLE. THE FOLLOWING HEALTH CARE AND DISABILITY BENEFITS ARE AVAILABLE FOR EACH ACCIDENT:

1. PAYMENT OF UP TO \$2,000 PER PERSON FOR ALL REASONABLE AND NECESSARY EXPENSES FOR MEDICAL, CHIROPRACTIC, HOSPITAL, DENTAL, SURGICAL, PROSTHETIC AND REHABILITATION SERVICES, SERVICES PROVIDED BY AN EMERGENCY MEDICAL SERVICES VEHICLE AS DEFINED IN § 32.1-111.1, AND FUNERAL EXPENSES RESULTING FROM THE ACCIDENT AND INCURRED WITHIN THREE YEARS AFTER THE DATE OF THE ACCIDENT. HOWEVER, IF YOU DO NOT PURCHASE THE \$2,000 LIMIT OF COVERAGE, YOU AND THE COMPANY MAY AGREE TO ANY OTHER LIMIT; AND
2. AN AMOUNT EQUAL TO THE LOSS OF INCOME UP TO \$100 PER WEEK IF THE INJURED PERSON IS ENGAGED IN AN OCCUPATION FOR WHICH HE RECEIVES COMPENSATION, FROM THE FIRST WORKDAY LOST AS A RESULT OF THE ACCIDENT UP TO THE DATE THE PERSON IS ABLE TO RETURN TO HIS USUAL OCCUPATION. SUCH PAYMENTS ARE LIMITED TO A PERIOD EXTENDING ONE YEAR FROM THE DATE OF THE ACCIDENT.

IF YOU DESIRE TO PURCHASE EITHER OR BOTH OF THESE COVERAGES AT AN ADDITIONAL PREMIUM, YOU MAY DO SO BY CONTACTING THE AGENT OR COMPANY THAT ISSUED YOUR POLICY.

(The following pertains to Section 38.2-2202.B of the Virginia Insurance Code.)

IMPORTANT NOTICE

YOU ARE ENTITLED TO PURCHASE UNINSURED/UNDERINSURED COVERAGE LIMITS EQUAL TO THE LIABILITY LIMITS ON YOUR MOTOR VEHICLE POLICY. HOWEVER, ANY ONE NAMED INSURED HAS THE RIGHT TO REDUCE THE LIMITS OF THE UNINSURED/UNDERINSURED MOTORIST COVERAGE TO LESS THAN THE LIABILITY LIMITS ON THE POLICY BUT NO LOWER THAN THE FINANCIAL RESPONSIBILITY LIMITS REQUIRED BY § 46.2-472 OF THE CODE OF VIRGINIA. THE INSURER MAY REQUIRE THAT A REQUEST TO REDUCE COVERAGE BE IN WRITING. ONCE ANY ONE NAMED INSURED REDUCES THE POLICY LIMITS FOR UNINSURED/UNDERINSURED MOTORIST COVERAGE BELOW THE POLICY'S LIABILITY LIMITS, THAT ELECTION IS BINDING ON ALL INSUREDS ON THE POLICY. LATER, IF YOU DESIRE TO INCREASE YOUR LIMITS, YOU MUST MAKE A SPECIFIC REQUEST TO YOUR INSURER. YOU MAY WANT TO PUT THIS REQUEST IN WRITING.

BEFORE REDUCING THE LIMITS OF THE UNINSURED/UNDERINSURED MOTORIST COVERAGE, YOU SHOULD CAREFULLY CONSIDER THAT THIS COVERAGE PROVIDES IMPORTANT PROTECTION IN THE EVENT YOU ARE INJURED OR YOUR MOTOR VEHICLE IS DAMAGED DUE TO THE ACTIONS OF AN UNINSURED/UNDERINSURED MOTORIST.

NOTICE:

**ADDITIONAL COVERAGE AVAILABLE
(VIRGINIA)**

FOR POLICIES THAT PROVIDE COMPREHENSIVE OR COLLISION COVERAGES, COVERAGE MAY NOW BE ADDED FOR THE REIMBURSEMENT OF RENTAL VEHICLE EXPENSES.

WHEN THE VEHICLE YOU OWN IS DAMAGED BECAUSE OF A LOSS OR AN ACCIDENT AND WITHDRAWN FROM NORMAL USE, THIS ADDITIONAL COVERAGE PROVIDES FOR REIMBURSEMENT OF EXPENSES INCURRED FOR THE RENTAL OF A SUBSTITUTE VEHICLE OF EQUIVALENT TYPE AND PURPOSE.

CONTACT YOUR AGENT OR COMPANY REPRESENTATIVE IF YOU WISH TO ADD THIS COVERAGE OR NEED ADDITIONAL INFORMATION.