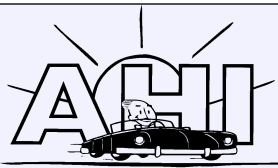


American Hobbyist Insurance



P. O. Box 2508
2501 S.E. Aviation Way, Suite H
Stuart FL 34995

AMERICAN HOBBYIST INSURANCE
www.americanhobbyist.com
Underwritten By American Reliable Insurance Company
COLLECTOR VEHICLE POLICY - PENNSYLVANIA

PRODUCER # _____
MARKETING CODE _____
QUOTE # _____

Toll Free 1 (800) 395-4835
(561) 287-9363 / Fax (561) 287-3516

I. OWNER/DRIVER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DAYTIME TELEPHONE NUMBER ()
ADDRESS	CITY	STATE	ZIP CODE

COMPLETE FOR ALL MEMBERS OF THE HOUSEHOLD (licensed, non-licensed and away at school)

NAME	DATE OF BIRTH			DRIVER'S LICENSE NUMBER	STATE	DRIVING RECORD (last 3 years)	OCCUPATION	MARITAL STATUS (M/S/D)
	MO.	DAY	YR.					

II. VEHICLE INFORMATION (Please attach additional pages as needed)

YEAR	MAKE	BODY TYPE	MODEL	IDENTIFICATION NUMBER	TAG	REQ. VALUE	PRINCIPAL DRIVER	ODOMETER
1.						\$		
2.						\$		
3.						\$		

III. UNDERWRITING INFORMATION:

- Please list all vehicles in household available for regular use: yr. _____ make _____ yr. _____ make _____ yr. _____ make _____
- Please provide the limits of coverage carried on regular vehicle(s): Liability \$ _____ / \$ _____ Uninsured Motorists \$ _____ / \$ _____
- Is collector vehicle(s) garaged? Yes No If yes, where? Same as above Other _____
- List approximate annual mileage for each collector vehicle: #1 _____ #2 _____ #3 _____
- Will collector vehicle(s) be used for **any** purpose other than club/hobby activities or occasional pleasure drives (e.g., backup transportation, commercial purposes, etc.)? Yes No Explain: _____
- Has a senior operator (age 55 and over) completed a MV Driver Improvement Course? Yes No **If yes, attach proof.**

1. Liability Coverage - One premium applies to all collector vehicles listed. Select one: <input type="checkbox"/> \$15,000/30,000/10,000 = \$26 <input type="checkbox"/> \$50,000/100,000/25,000 = \$30 <input type="checkbox"/> \$100,000/300,000/50,000 = \$35	Totals: \$
2. First Party Benefits - Enter applicable premium on the right. \$	\$
3. Uninsured/Underinsured Motorists - Please see reverse side. <u>Enter the premium for your selected limit.</u> \$ <small>(Note: The Uninsured/Underinsured limit you select may not exceed your Liability limit.)</small>	\$
4. RoadGard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, add \$6. (Incl. \$100 Emerg. Towing, 24-hr. dispatch, Trip Routing, \$50 Locksmith Reimb., \$20,000 AD&D, \$ and hotel discounts).	\$
5. Physical Damage Coverage - Comprehensive & Collision AGREED VALUE (check desired deductible and appropriate rate for your vehicles) Note: Please check off appropriate box below if your vehicle is modified. (For "comp only" and/or \$0 deductible comp. rates, please call American Hobbyist at 1-800-395-4835). <u>The following rates include a \$100 deductible:</u> <input type="checkbox"/> 1895-1945 = \$ 0.52 per \$100/value <input type="checkbox"/> 1946-25 yrs. old = \$ 0.64 per \$100/value <input type="checkbox"/> 24-15 yrs. old = \$ 1.39 per \$100/value <input type="checkbox"/> 14 yrs.- present = \$ 1.55 per \$100/value <input type="checkbox"/> Modified (any year) = \$ 1.31 per \$100/value <u>The following rates include a \$500 deductible:</u> <input type="checkbox"/> 1895-1945 = \$ 0.50 per \$100/value <input type="checkbox"/> 1946-25 yrs. old = \$ 0.60 per \$100/value <input type="checkbox"/> 24-15 yrs. old = \$ 1.30 per \$100/value <input type="checkbox"/> 14 yrs.- present = \$ 1.45 per \$100/value <input type="checkbox"/> Modified (any year) = \$ 1.20 per \$100/value <u>The following rates include a \$1,000 deductible:</u> <input type="checkbox"/> 1895-1945 = \$ 0.45 per \$100/value <input type="checkbox"/> 1946-25 yrs. old = \$ 0.50 per \$100/value <input type="checkbox"/> 24-15 yrs. old = \$ 1.15 per \$100/value <input type="checkbox"/> 14 yrs.- present = \$ 1.30 per \$100/value <input type="checkbox"/> Modified (any year) = \$ 1.05 per \$100/value	\$
6. Ded./Prem: (Veh. #1) \$ _____ / \$ _____ (Veh. #2) \$ _____ / \$ _____ (Veh. #3) \$ _____ / \$ _____ <small>Note: Rates are cents per \$100 of agreed vehicle value: Rate X Value/\$100 = Physical Damage premium.</small>	\$
7. Add Auto Theft Prevention Trust Fund fee of \$1.00 per vehicle, per year. \$	\$
8. Add subtotals \$	TOTAL ANNUAL PREMIUM \$ _____ (MINIMUM WRITTEN PREMIUM IS \$50.00)

Vehicles insured by this program will be operated on a limited basis consistent with operation of a collectible vehicle, such as limited pleasure driving, club activities and exhibitions. These vehicles will NOT be covered if used for high-speed racing or for commercial purposes. All drivers of the vehicles insured by this program will also own a regular-use vehicle that is used for normal every day driving such as driving to and from work or school, errands and general transportation. I acknowledge that I have read this application in its entirety and declare that to the best of my knowledge and belief the information I provided herein is complete, true and correct. If American Hobbyist Insurance, Inc. agrees to issue a policy to me, I understand the policy issued will only provide coverage for the vehicles listed in the Declarations of the policy. All other vehicles I drive will have insurance coverage in force, maintained in my name, and in effect for the entire time any policy which may be issued by American Hobbyist Insurance, Inc. to me will be in effect. No coverage is in effect until specific notification is made by American Hobbyist.

Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or 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 fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and substantial civil penalties.

PROPOSED EFF. DATE APPLICANT'S SIGNATURE TODAY'S DATE PRODUCER'S SIGNATURE TODAY'S DATE

IMPORTANT! SEE OVER FOR OPTIONS AND SIGNATURES

COLLECTOR VEHICLE POLICY - PENNSYLVANIA

UNINSURED/UNDERINSURED MOTORISTS

Pennsylvania requires that we offer you the opportunity to purchase Uninsured/Underinsured Motorists (UM/UIM) coverage at limits up to your bodily injury liability limits. You may reject Uninsured and/or Underinsured Motorists entirely.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, and lost wages subject to limitations and conditions contained in the policy. For purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages (i.e. Underinsured Motorists).

UM/UIM LIMITS - OPTIONS AND PREMIUMS

SPLIT LIMITS	NON-STACKED UM PREMIUMS	NON-STACKED UIM PREMIUMS	STACKED UM PREMIUMS	STACKED UIM PREMIUMS
<input type="checkbox"/> \$15,000 / 30,000	\$ 3	\$ 2	\$ 7	\$ 6
<input type="checkbox"/> \$50,000 / 100,000	\$ 9	\$ 7	\$ 21	\$ 17
<input type="checkbox"/> \$100,000 / 300,000	\$18	\$15	\$43	\$36

Check only 1 limit for the non-stacked or stacked option you selected in the coverage booklet.

TO MAKE YOUR COVERAGE SELECTIONS, PLEASE REFER TO FORM #A9260, "PA COVERAGE INFORMATION BOOKLET." COMPLETE AND SIGN PAGE #4 TO SELECT THE LIMITED OR FULL TORT OPTION AND PAGES #5 AND 6 TO MAKE YOUR UM/UIM STACKED VERSUS NON-STACKED LIMITS SELECTION OR TO REJECT UM AND/OR UIM ALTOGETHER. YOU MUST ALSO FULLY COMPLETE PAGE #7 IN THE BOOKLET.

CONTACT YOUR AGENT OR AMERICAN HOBBYIST INSURANCE IF YOU HAVE ANY QUESTIONS. THANK YOU.

BASIC FIRST PARTY BENEFITS

THE POLICY WILL PROVIDE BASIC MEDICAL EXPENSE OF \$5,000. PLEASE REFER TO PAGE #7 OF THE BOOKLET DESCRIBED ABOVE TO MAKE YOUR FIRST PARTY BENEFITS SELECTION.

CONTACT AMERICAN HOBBYIST INSURANCE FOR ANY ADDITIONAL INFORMATION. THANK YOU.