

United Marine Underwriters - Quote Request Form - Classic Car Insurance

www.UnitedMarine.net umu@UnitedMarine.net fax 502-222-0299 phone 800-477-7140

Return quote by: email fax

Insurance Agency Information

Agency Name:* Agency Contact:*
Agency Phone:* Agency Fax:* Agency Email:*

Owner's Information

Name(s): (as it appears on the title)*
Address:*
City:* State:* Zip:*
Phone:* Fax:* Email:*
Marital status:* Date of birth of primary operator:*

Vehicle Information (if more than one vehicle copy and complete vehicle information)

Year:* Manufacturer:* Model:* Type:*
Market value: \$ _____ Annual miles driven? _____
Vehicle is driven: Occasionally To Work To School Daily
Is vehicle owned by a business?* Is vehicle under restoration?* If Yes, % restored:
Is vehicle kept in locked garage or facility?* Garage state:*
Equipment includes: Wheelie Bars Roll Bar/Cage Nitrous Oxide 5 point seat restraints

Physical Damage and Liability Coverages

Collision Deductible: \$ 100 250 500 1,000 2,000 5,000
Comprehensive Deductible: \$ 100 250 500 1,000 2,000 5,000 Decline Coverage
Liability: \$ 50,000 100,000 300,000 500,000
Uninsured Motorist: \$ 50,000 100,000 300,000 500,000
Underinsured Motorist: \$ 50,000 100,000 300,000 500,000
Medical Payments: \$ 1,000 Decline

Driver Information

Number of drivers in the household * Are any drivers under age 26? *

Total number of accidents for all drivers in past 3 years:*

Total number of violations for all drivers in past 3 years:*