



Collector Car Insurance™

Underwritten By:
Encompass Ins. Co. of MA
(A Stock Company)
2775 Sanders Rd Northbrook, IL 60062

Hagerty Insurance Agency, Inc.
PO Box 87
Traverse City, MI 49685
Service and Claims: 800-922-4050

THIS IS NOT A BILL

Classic Automobile New Policy Coverage Selections

Policy Number: 237679059 **Policy State:** MA
Policy Term: Effective 11/28/2007 to Expiration 11/28/2008 at 12:01 a.m. standard time **Issue Date:** 11/28/2007

Named Insured:
TEST MACUSTOMER
123 Test St
Boston, MA 02108

Agent:

Driver(s) **Excluded Person(s)**
TEST MACUSTOMER None

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member may have very serious consequences. We will not pay for a collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy.

Vehicle Description	Body Type	VIN	Insured Value	Rate Code
1) 1978 ASSEMBLED '32 FORD	1 1/2 TON	123TESTVIN456	\$ 15,000	A

Rate Code: **A = Antique** **C = Classic/Modified** **E = Exotic** **T = Trailer**

Coverage is provided where a premium is shown for the coverage or "INCL" is displayed. NA: Coverage does not apply

Liability Coverage Part - Limit	Vehicle 1	Vehicle 2	Vehicle 3
Part 1: Bodily Injury to Others: \$20,000 Per Person / \$40,000 Per Accident	\$ 13		
Part 5: Optional Bodily Injury to Others: \$20,000 Per Person / \$40,000 Per Accident	\$ 2		
Part 4: Damage to Someone Else's Property: \$5,000 Per Accident	\$ 1		
Part 2: Personal Injury Protection: \$8,000 Per Person/Per Accident	\$ 6		
Part 6: Medical Payments: \$5,000 Per Person/Per Accident	\$ 3		
Part 3: BI Caused By Uninsured Auto: \$20,000 Per Person / \$40,000 Per Accident	\$ 5		
Part 12: BI Caused By Underinsured Auto: \$20,000 Per Person / \$40,000 Per Accident	\$ 2		

Coverage for Damage to your Auto(s) - Part D	
Part 7: Collision	\$54 (\$300 Ded.)
Part 9: Comprehensive	\$47 (\$300 Ded.)

Policy Discounts/Credits, Surcharges, Other
None

Total Policy Premium: \$ 133

Additional Interests:

None

Forms and Endorsements Made Part of This Policy at time of Issue:

Agreed Amount - Comprehensive MA*	MPY-0034-S
Waiver of Deductible Endorsement*	MPY-0016-S
Massachusetts Auto Policy*	G1-37525

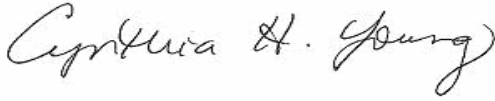
Other Important Notices and Enclosures:

Auto ID Cards*
G1-71737-A Encompass Insurance Privacy Policy*

*Enclosed in this Mailing

In Witness Whereof, We Have Caused This Policy To Be Executed:

President:



Secretary:





Collector Automobile Insurance Application - Massachusetts

Complete all questions: Inaccurate answers may effect coverage in the event of a claim.

APPLICANT INFORMATION Please enter your name(s) as it appears on your vehicle registration.

Mr/Mrs/Ms Name: Customer App Test Suffix (Jr., II, etc.): _____

Mailing Address: 314 N Reinberg City: Scottville State: MI Zip: 49454

Residence Address _____ City: _____ State: _____ Zip: _____

County: BRISTOL Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

Indicate state where collector vehicle(s) are registered MA

LIST ALL OTHER HOUSEHOLD DRIVERS

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member may have very serious consequences. We will not pay for a collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy.

1. Applicant Customer App Test

Drivers License No. K4567890 State: AK Occupation: _____

Date of Birth: 09/01/1960 Marital Status: M S D W Sex: M F Operates collector vehicle: Y N

Regular-use vehicle Year: _____ Make: _____ Model: _____ Insurance carrier: _____

Coverage limits carried on regular-use automobiles: Liability: _____ Uninsured/Underinsured: _____

Yes No During the last six years, has the applicant or any listed household operator:

- A. Been involved in any motor vehicle accident or been found guilty of any moving violation?
- B. Been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs?
- C. Received payment from an insurance company for any collision or comprehensive loss including fire, theft, vandalism, malicious mischief, or glass?
- D. Had driving license revoked or suspended?

If the answer to any of the above questions is 'Yes', explain in the section below. Otherwise mark 'No'. _____

COLLECTOR VEHICLE INFORMATION

Vehicle Year: 1978 Make: ASTON-MARTIN Model: VOLANTE Body Style: CONV Year Acquired: 2004

VIN: | 1 | 2 | 3 | 4 | 6 | 5 | 7 | 8 | 9 | _____ Value: \$105,000.00 Odometer reading: _____

Condition: Show Excellent Good Fair Existing Damage

Restoration: Previously Restored Under Restoration Completion date (if known): / /

Total spent on restoration (if known) \$ _____ Select all that apply: Frame off Cosmetic Engine Detail Other: _____

Did you do the work yourself? Yes No If no, please provide details: _____

Usage: List the estimated number of annual miles (not %): _____ Shows/Clubs: _____ Pleasure: _____ Other (explain): _____

1. Yes No Is collector vehicle owned, titled, or registered to someone other than the applicant? If yes, please indicate name: _____



- 2. Yes No Is collector vehicle financed or leased? If yes, please indicate name and complete address of lienholder/leaseholder: _____

- 3. Yes No Is or will collector vehicle be registered as antique or historic?
- 4. Yes No Has collector vehicle been modified or customized in appearance or performance? If yes, please describe: _____

- 5. Yes No Is the collector vehicle stored in a private, fully-enclosed, locked garage year-round at your residence? If no, please select the appropriate storage: Driveway Carport Other (provide details and indicate address): _____

- 6. Yes No Is the applicant involved in any income-generating commercial use with this collector vehicle? If yes, please describe: _____

- 7. Yes No Is the collector vehicle used for any racing, rallying or other competitive or sporting activities? If yes, please select any that apply:
 Racing/performance driving schools Practicing for racing Rallying Vintage racing Drag racing
Please describe: _____
- 8. Yes No Is the collector vehicle used for back-up/daily transportation, driven to work/school or used for any utility/off-road use? If yes, please describe: _____
- 9. Yes No Have you ever insured your collector vehicle with another company? If yes, please indicate the name of the company: _____

- 10. Yes No Do you belong to any collector vehicle clubs? If yes, please list each club and the approximate number of years in each club: _____

- 11. Approximately how many years have you been involved in the collector vehicle hobby?

Comments: _____



Limitations of Use and Applicant's Statement

Vehicles insured by this program will be operated on a limited basis consistent with the operation of a collectible vehicle. All drivers of the vehicles insured by this program will also own a regular use vehicle that is used for normal everyday driving such as driving to and from work or school; errands; and general transportation. Coverage is dependent on compliance with these conditions. Please refer to the CLASSIC AUTOMOBILE POLICY and accompanying endorsements for all exclusions.

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 provide herein is complete, true and correct. If Encompass Insurance Company of Massachusetts or its authorized representative agrees to issue a policy to me, I understand the policy issued will only provide coverage for the vehicles listed in the Declarations to 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 Encompass Insurance Company of Massachusetts to me will be in effect. Should Encompass Insurance Company of Massachusetts Company issue a policy to me, I understand that in no event will Encompass Insurance Company of Massachusetts' Classic Automobile Policy serve as my only automobile insurance. There is no coverage until specific notification.

COVERAGE INFORMATION: Massachusetts' Law requires that if a company elects to provide Compulsory Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused by An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, and Part 9 Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

Notice of Insurance Information Practices

In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics, and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

Automobile Fraud Warning

If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

There is no coverage in place until you receive specific notification from us.

APPLICANT MUST COMPLETE THIS SECTION:

Proposed Effective Date: _____ Applicant's Signature: _____ Date: _____

Printed Name: Customer App Test How would you like to be contacted once we have made a decision on your application?

Home phone Work phone Cellular phone Fax E-mail