




American Collectors Insurance

How to Submit A Collector Vehicle Application



After quoting, you can apply right away by clicking “Apply Online.”

Learn how to submit a quote online in the “How To Quote Collector Vehicles” guide.

**American Collectors Insurance**
If it's worth collecting, it's worth protecting.

Need Help? Please Call 1 (800) 257-5758
Welcome: Example Agency Agent: Maria

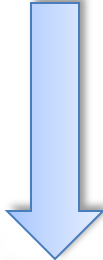
Applicant: Carguy, John State: NJ / maria.b@americancollectors.com

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The estimate premium is based on at least 10 years driving experience. This estimate includes applicable taxes, surcharges and discounts based on the information provided. If you wish to change your Towing & Labor for Collectors (TLC) Plan, please select a different level of coverage from the drop down list and click 'Re-Calc'. To see a breakdown of your premium, [click here](#).
If you wish to apply for coverage now, click "Apply Online" button to begin the application process.

Type	Year	Make	Model	Value	Annual Premium	
Original	1965	Chevrolet	Corvet	\$20000	\$128.36	Detail
				NJ PLIGA	\$1.47	
				TLC Plan ?	Platinum - \$34.95/Policy	Re-Calc
				Total Due	\$164.78	



[< Modify Quote](#) [Return To Quote Search](#) [Apply Online >](#) [Printable Quote](#)

Or... submit an application you've previously quoted by clicking "Quote Search" when you log in at **www.AmericanCollectors.com/Agents**.

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Quick Quote

Quote Type:

State:

First

MI

Last

Applicant's Name:

(Name as it appears or will appear on the registration)

Please Note: If your client's collection includes more than 5 collector vehicles, please contact American Collectors Insurance at 1 800-257-5758 for proper rates and guidelines. The online quote system will not provide rate quotes for collections of more than 5 vehicles.

For this quote, all emails will be sent to MARIA.B@AMERICANCOLLECTORS.COM. If you would like this quote to go to a different email address, please add another agent to the main Broker account (click on My Account to update), and login as the new agent.

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Quotes

[Quick Quote](#)

[Quote Search](#)

Product Info


[Vehicle Policy Features](#)

[Motorcycle Policy Features](#)

[Collectible Policy Features](#)

Thank you for using American Collectors' agent website. Through your password protected account you have access to quote and submit risks, manage existing policies, sign up for direct deposit, change agency contact information, and much more. If you'd like to obtain a real time quote, please fill out the information above. Otherwise, the navigation bar at the top of this page will help you find the information you're looking for. Questions? Contact our online help desk at 1-800-257-5758 for assistance.

Read the notice about your saved quote and click “Continue.”

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Notice

This Quote has been saved and can be retrieved anytime within the next 90 days (refer to your online Quote List).

Should you proceed with applying online, your client's application may be automatically accepted, in which case he or she **will have to submit payment via our secure credit card site for coverage to be bound** or print off the approved application and mail in payment via check or money order.


Coverage will not be bound until payment is received by American Collectors Insurance, Inc.

Questions? Please call our Help Desk at 1 (800) 257-5758.

[Quote Search](#) [Continue](#)



Read and review the Fraud Notice with the applicant and if acceptable, click “I Accept.”

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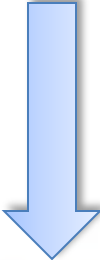
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Fraud Notice: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

By clicking "I accept," your client attests to his/her understanding of the foregoing.



Enter your client's information and click "Next."



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[Sign Off](#)

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Please select an effective date for policy coverage and enter the information for the primary operator.

REMINDER: Nothing is bound until you are notified by American Collectors Insurance, Inc.

The soonest coverage can be made effective is the first date shown below.


Proposed Effective Date:			12/07/2011	▼
	First	M	Last	
Insured 1:	John	D	Carguy	
Insured 2:				
Address:				
City/State/Zip:		New Jersey	▼	
Daytime Phone:			Ext.	
Marital Status:	Select	▼		
Insured Email:				



[< Review Quote](#)

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Provide the information for all members of the household, regardless of age or relationship. Be sure to click “Enter” after entering the information for each member. Their information will then show below “Household Summary.”

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Please enter the following information for all members of the household regardless of age or relationship (including children away at school). Click "Enter" after describing each member. The screen will allow a max of five members.

Please enter the spouse's driving information.

Drivers/Household


First Name	MI	Last Name	Date of Birth MM/DD/CCYY	Drivers License # ?	State
John	D	Carguy			NJ
Clean MVR ?	Operate Insured Vehicle	Experience	Occupation	Relationship to Insured	Enter Each Member
Yes No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>	Select		Self	Enter Cancel

Household Summary

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After every household member's information shows up under "Household Summary," click "Next."

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Please enter the following information for all members of the household regardless of age or relationship (including children away at school). Click "Enter" after describing each member. The screen will allow a max of five members.

Please enter the spouse's driving information.

Drivers/Household


First Name	MI	Last Name	Date of Birth MM/DD/CCYY	Drivers License # ?	State
					Select
Clean MVR ?	Operate Insured Vehicle	Experience	Occupation	Relationship to Insured	Enter Each Member
Yes No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>	Select		Select	Enter Cancel

Household Summary

Name	Date of Birth	Drivers License #	State	Clean MVR	Occupation	Relationship to Insured	Experience	Operate Insured Vehicle	
John D. Carguy	12/14/1960	ABC123DEF	NJ	Yes	Mechanic	Self	10 Years Or More	Yes	Delete Edit
Stacy M. Carguy	09/12/1961	DEF456GHI	NJ	Yes	Accountant	Spouse	10 Years Or More	Yes	Delete Edit

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Answer the questions for each driver, then click “Next.”

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Driver - John D. Carguy

Please answer the following questions for this driver.

Have you obtained certification in a driver course? Yes No
☐ ☒


If you are eligible for the "Mature Driver and or Accident Prevention Course" discount you must be able to provide a copy of the certificate.

Note: Additional discounts may be available.



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Provide information for ALL regular use vehicle(s) (excluding the collector vehicle). Be sure to click “Enter” after typing in the information for each vehicle. The information for each vehicle will then show below “Regular Use Vehicles Summary.”

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Please enter all regular use vehicles (including non-owned company cars) that are available for full time use along with the driver associated with each vehicle.
Click "Enter" after describing each vehicle. The screen will allow a max of five vehicles.


List All Regular Use Vehicles in the Household

Year	Make	Model	Insured On	Primary Driver	Enter Each Vehicle
<input type="text"/>	<input type="text"/>	<input type="text"/>	PAP <input type="radio"/> BAP <input type="radio"/>	Select <input type="text"/>	<input type="button" value="Enter"/> <input type="button" value="Cancel"/>

Regular Use Vehicles Summary

Year	Make	Model	Insured On	Primary Driver	
------	------	-------	------------	----------------	--

After all regular use vehicles appear under the “Regular Use Vehicles Summary,” click “Next.”

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Please enter all regular use vehicles (including non-owned company cars) that are available for full time use along with the driver associated with each vehicle.
Click "Enter" after describing each vehicle. The screen will allow a max of five vehicles.

List All Regular Use Vehicles in the Household


Year	Make	Model	Insured On	Primary Driver	Enter Each Vehicle
			PAP <input type="radio"/> BAP <input type="radio"/>	Select <input type="text"/>	<input type="button" value="Enter"/> <input type="button" value="Cancel"/>

Regular Use Vehicles Summary

Year	Make	Model	Insured On	Primary Driver	
2011	Chevrolet	Silverado	PAP	John D. Carguy	<input type="button" value="Delete"/> <input type="button" value="Edit"/>
2007	Ford	Escape	PAP	Stacy M. Carguy	<input type="button" value="Delete"/> <input type="button" value="Edit"/>



Enter the information for each collector vehicle. Then click “Next.” Note: If you don’t have the plate number, you can type in “NONE.”

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[Click to save](#)

Please enter the information for each vehicle.

Collector Vehicles


Body	VIN	Interested Parties	Alt Garaging address	Registered	License Plate	Principal Driver
1965 Chevrolet Corvet						
Select ▼		<input type="checkbox"/>	<input type="checkbox"/>	Yes No <input type="radio"/> <input checked="" type="radio"/>		Select ▼



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Answer the underwriting questions about your client and his/her vehicle(s) and click “Next.” Use the Comments section to document unique/important notes.

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Please answer the following underwriting questions:


	Yes	No	Please Explain
1. Applicant agrees to Limitations of Vehicle Usage. Click here for Limitations of Vehicle Usage.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will any collector vehicle be operated by a driver with less than 10 years experience?	<input type="radio"/>	<input type="radio"/>	
3. For modified collector vehicles, provide details of modification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Are there any special feature(s) that affects vehicle value (e.g., 'Yenko' Camaro, 'Boss' Mustang, 'LT1' Corvette, 'numbers matching', extremely low mileage, etc)?	<input type="radio"/>	<input type="radio"/>	
5. Has anyone in the household ever had a DUI or reckless driving conviction?	<input type="radio"/>	<input type="radio"/>	
6. Are you a member of a local car club? If so, indicate which one and member #.	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
7. Please indicate the limits the customer carries on his/her personal or business auto policy for regular use vehicles. If the exact limits are not shown, please select the closest limit. Bodily Injury: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Uninsured/Underinsured Motorists: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Additional Submission Comments: <input type="text"/>			

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Once the application is complete, you will receive instant notification of whether the risk was approved or needs to be reviewed.

If your application needs additional review, this is how you will be notified. As soon as the risk is reviewed by us, you'll be contacted via email.

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This risk requires additional underwriting and does not qualify for instant coverage.

This risk is under review and is **not currently bound**. You will receive an email from American Collectors within 24 hours. Please do not resubmit this risk as that will slow down the process.

For your convenience, you may have your client sign the appropriate documents in advance of our underwriting decision. Please follow these steps:


- 1) **Signature Page** - [Click here](#) to have the applicant read, sign, and date the **important notice**.
- 2) **Required Supplemental Forms** - Click on the link(s) below and print the state required form(s). Your client must read, sign and date the form(s).
[Coverage Selection Form \(5,000 mile tier\)](#)
[Auto Insurance Buyer's Guide](#)
- 3) Wait for a response from American Collectors. You may have everything prepared by the applicant, but please do not mail anything until advised by our office.

If you have any questions, please contact us at 1 800-257-5758.
Quote Information - [Click here](#) to view or print the quote information or [Click here](#) if you are unable to view/print using the previous link.

We appreciate your business!

Return to Quote Search

This is how you will be notified if your application has been instantly approved and does not require additional review. Here you can review or print your application. Coverage will not begin until payment is received. You can submit payment by mail or by clicking “Make Payment Now.”

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Thank you for choosing American Collectors Insurance for you collector vehicle insurance needs. Your quoted total premium is **\$164.78**.

In order to make coverage effective, please click "**Make Payment Now**" below to submit payment and bind coverage. You will then receive important instructions that you and your client must follow to complete the process.

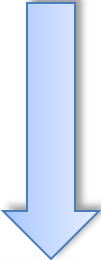
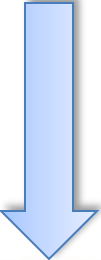
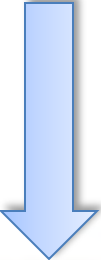

If your client prefers to pay by check or money order, please click "**Mail In Payment**" below. Once payment has been received, coverage will be bound and you will then receive important instructions that you and your client must follow to complete the process.

For this quote, all emails will be sent to **MARIA.B@AMERICANCOLLECTORS.COM**. If you want future quotes to go to another email address, you must add another agent to the main Broker account and login as the new agent.

This [link](#) contains an important notice that we are required to provide by your state.


Our policies are subject to a non-refundable, minimum earned premium of \$50.00.

Thank you.



Review ApplicationPreview/Print ApplicationMake Payment NowMail In Payment


Here is what the printable application looks like.

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Quote Information - Windows Internet Explorer
http://ecitest.americancollectors.com/QuoteInquiry/CreateBinder.asp?Job=100&Pop=wwwPrint

Producer # 2902902

**American Collectors Insurance**
496 Kings Highway North - P.O. Box 8343 - Cherry Hill, NJ 08002-0343
Telephone: (856) 779-7212 - 1 (800) 257-5758 - Fax (856) 779-7289
www.AmericanCollectors.com

Proposed Eff. Date: 12-07-2011
Quote # 20111206151449
Print Date: 12-06-2011
Company Code: ABIC

Collector Vehicle Premium Estimate

This document represents the application for insurance. The information below was acquired directly from you or your agent. Please review the information and confirm that all is correct. If there is information missing or if you wish to make a change, please contact us immediately. We reserve the right to amend vehicle value or rating category after review of the photos.

Last Name	First Name	Middle Initial	Phone Number
Carguy	John	D	(856) 789-3456
Carguy	Stacy	M	

Address	City	State	Zip Code
10 Chevy Street	Cherry Hill	NJ	08034

Collector Vehicles

Type	Year	Make	Model	Body Type	VIN	Agreed Value	Driver	Cond.	Annual Mileage
1. Original	1965	Chevrolet	Corvet	2DHTP	00123456789	\$20,000	1	Fine	5000

Done Internet 100%


Review Application

Preview/Print Application

Make Payment Now

Mail In Payment

If you clicked “Mail In Payment,” this is how you will be prompted. Follow the instructions to mail in payment.

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IMPORTANT - READ CAREFULLY

In order for coverage to begin, you will need to complete the following steps:

- Payment** - Your client has two payment options:
 - Check or Money Order made payable to American Collectors Insurance.
 - Visa, MasterCard, Discover, American Express or Electronic Funds Transfer (EFT). If your client can make a payment now, [click here](#) to enter payment via our secure payment page.
- If payment is made now or will be mailed in, the link(s) below to supplemental form(s) are required. Please have your client read, sign, date and mail with all items. Please click the link(s) below to print the form(s).
[Coverage Selection Form \(5,000 mile tier\)](#)
[Auto Insurance Buyer's Guide](#)
- Please have your client read, sign and date the ([Important Notice form](#)).
- Photos** - We require at least one clear, color photo of each collector car. You may email digital photos to: photos@americancollectors.com, include your client's name in the email.
- Mail Documents** - We will need the completed forms, photos and payment (if paying by check) sent to the address below. Please make sure all signed forms contain the quote number found on the Important Notice form.

American Collectors Insurance
Online Underwriting
P.O. Box 8343
Cherry Hill, NJ 08002-0343

Quote Information - [Click here](#) to view or print the quote information or [Click here](#) if you are unable to view/print using the previous link.

If you have any questions, please contact us at 1 800-257-5758.

We appreciate your business!

Return to Quote Search

If you clicked “Make Payment Now,” you will be prompted to select your preferred payment method. You can choose to pay via e-check or credit card.



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Select Your Preferred Payment Method


Payment Due: \$164.78

Credit Card: 

E-Check: 

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When you choose to pay with a credit card, fill out the credit card information and then click “Submit Payment.”

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Please click "Submit" to process the charge amount (this may take a moment or two). A confirmation page will be presented.

Amount Due: \$164.78

Payment Method:      

Credit Card Number: - - - Card Verification Number

Expiration Date:

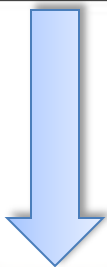
Cardholder's Name:
(as it appears on card)

Billing Address: ☐ same as insured?

Credit Card Billing Address:


City/State/Zip: -

Phone: - -



< Back To Quote Clear/Reset Data Submit Payment

When you select to pay via e-check, follow the instructions to fill in the e-check information. Then click “Submit Payment.”

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Please complete the following and click 'Submit Payment' to process your payment. This may take a few seconds, do not click the 'Submit Payment' button multiple times.

Electronic Check (EFT)

Amount Due: \$164.78

* Name on Check:

* Bank Name:


* Routing Number:

* Bank Account Number:

* Type of Account:

Check Number:

Your check name can be found at the top of the check. If your account is a joint account, only the name that appears first is necessary.

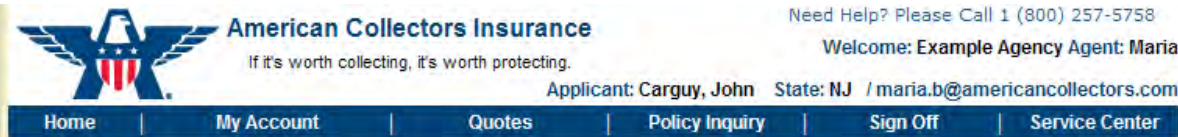


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Clear/Reset Data

Submit Payment

Here is an example receipt. You can print your receipt by clicking “Print Your Receipt.” Then click “Next” to review the next steps to bind coverage. Note: the receipt will look different depending on the payment option you choose.



Thank you for choosing American Collectors Insurance for your collector vehicle insurance needs. Your payment has been accepted and coverage has been bound. Please print this page for your records and check your email account where you will find a payment confirmation email.

Date: 12/06/2011
Payment Type: EFT
Bank Account Number: XXXXXX789
Applicant: John D. Carguy
Binder Number: 2343179
Internal Number: 111206151449-WB
EFT Amount: \$164.78
Order #: CHEE0000305
Trace #: 2345674-56
Approval Code: C8EE4384RT2


*** Please print this page for your records. ***



Print Your Receipt

Next >

Carefully read the notice about the next steps for continuing coverage. Note: you need to supply us with signed documents and a photo within 20 days for coverage to continue.



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IMPORTANT - READ CAREFULLY

In order for coverage to continue, you will need to complete the following steps:

Please Note: All of the information and links below are also provided in the binder that has been emailed to your agency.

- 1) **Important Notice** - Have your client read, sign, and date the **important notice** form. This form is attached to the 20-Day binder.
- 2) **Required Supplemental Forms** - Click on the link(s) below and print the state required form(s). Your client must read, sign and date the form(s).
[Coverage Selection Form \(5,000 mile tier\)](#)
[Auto Insurance Buyer's Guide](#)
- 3) **Photos** - We require at least one clear, color photo of each collector car. You may email digital photos to: photos@americancollectors.com, include your client's name in the email. You may also upload your photos directly to American Collectors Insurance by [clicking here](#).
- 4) **Mail Documents** - We will need the completed forms, photos sent to the address below. Please make sure all signed forms contain the quote number found on the Important Notice form.

American Collectors Insurance
Online Underwriting
P.O. Box 8343
Cherry Hill, NJ 08002-0343

PROOF OF INSURANCE

ID Card - [Click here](#) to print the temporary Identification Card. The ID card may be emailed to you and/or your client.

20-Day Binder - [Click here](#) to print a 20-day binder which can be used as proof of insurance.

If you have any questions, please contact us at 1 800-257-5758.
20-Day Binder - [Click here](#) if you are unable to view/print using the previous link.

We appreciate your business!

[Return to Quote Search](#)

Here is the important notice form that needs to be signed and returned within 20 days.

Need Help? Please Call 1 (800) 257-5758

gent: Maria
ectors.com
ce Center

http://acitest.americancollectors.com/Package/OpenLink.asp?Link=111206151449 - Windows Internet Explorer

http://acitest.americancollectors.com/Package/OpenLink.asp?Link=


File Edit View Favorites Tools Help

Convert Select

Favorites Suggested Sites Web Slice Gallery Insurance for Collector Cars... Facebook American Collectors Insuran...

http://acitest.americancollectors.com/Package/OpenL...

Producer # 2902902
Binder # 2343179


American Collectors Insurance
496 Kings Highway North - P.O. Box 8343 - Cherry Hill, NJ 08002-0343
Telephone: (856) 779-7212 - 1 (800) 257-5758 - Fax (856) 779-7289
www.AmericanCollectors.com

Effective Date: 12-07-2011
For Internal Use: 111206151449-WB
Print Date: 12-06-2011
Company Code: ABIC

Collector Vehicle Policy Binder

IMPORTANT! PLEASE READ, SIGN, DATE AND RETURN THIS FORM.

SIGNATURE PAGE
FOR:

John D. Carguy

Limitations of Usage: Insured vehicle(s) may be used for hobby activities and pleasure drives. Pleasure drives do not include general transportation. Only under the 7500 mile option is occasional general use acceptable (subject to state availability). The collector vehicle may not be used for any timed or racing event. Annual mileage may not exceed the mileage tier you purchased (refer to your policy binder or declarations page). Vehicle(s) must be kept in a completely enclosed, locked garage when not in use, unless an alternate garaging situation has been approved by American Collectors (subject to state availability). Our policies are subject to a non-refundable, minimum earned premium of \$50.00.

Fraud Notice: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Done Internet 100%

Return to Quote Search

Here is what the temporary ID card looks like. Note: It will look different depending on where the vehicle is registered.

Need Help? Please Call 1 (800) 257-5758
by Agent: Maria
collectors.com
Service Center

Home

Print Close

To E-mail this ID Card(s) to an insured, enter their email address and click "Send Email".

Send Email

Please follow these steps:

- 1)
- 2) AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA Company Code
- 3)
- 4)

STATE OF NEW JERSEY

TEMPORARY EVIDENCE OF INSURANCE

Agency / Company Issuing Card: American Collectors Insurance, Inc.
Telephone Number: (800) 360-2277
Work Hours: Monday - Friday, 8:30 am - 7:00 pm
Saturdays 9:00 am - 5:00 pm, EST

* To comply with New Jersey N.J.A.C 11:3-6 penalties for driving without proof of insurance. A Temporary Evidence of Insurance notice was issued to allow for mail of your Identification Card. Upon receipt of your permanent Identification Card, please destroy 'Temporary Evidence of Insurance' notice(s). This notice cannot be used as a proof of insurance for the purpose of having a vehicle inspected at a Motor Vehicle Commission or private facility.

** Original Identification Card will disclose 12 month policy period. Special rules mandated by the state of New Jersey stipulate Expiration dates referenced on Temporary Evidence of Insurance notice cannot be longer than 30 days from the

Done Internet 100%

Here is an example email confirmation you will receive after an application has been approved. You will need to then make a payment in order to bind coverage. Note: this confirmation will look different depending on the payment option you chose.

From: "American Collectors Insurance amcltest" <TUW01@americancollectors.com>

Date: December 6, 2011 3:27:41 PM EST

To: MARIA.B@AMERICANCOLLECTORS.COM

Subject: Your Client, John D. Carguy (Mail In Payment) AmclTest

Reply-To: MARIA.B@AMERICANCOLLECTORS.COM

To: EXAMPLE AGENCY

Regarding: Collector Vehicle Quote # 20111206151449

Applicant: John D. Carguy:

Thank you for your recent submission for coverage with American Collectors Insurance. Our underwriters have reviewed and approved this risk; however coverage has not been bound.

To make a payment and bind coverage or to mail in your payment, [click here](#) (you will be prompted for your password). You will be directed to your agent page which will allow you to make a payment on our secure site and/or print required forms for mailing.

Please note that coverage will not be bound until payment is received and you are so advised by American Collectors Insurance.

If you have any questions or need further assistance, please call us at 1 (800) 257-5758 or via email at info@americancollectors.com.

We look forward to your continued business.

Sales and Service Department
American Collectors Insurance, Inc.

If it's worth collecting, it's worth protecting.

Here is an example binder email advising you of the effective date of coverage and some additional steps for coverage to continue. You can share these documents, including the ID card, with your client via email.

From: "American Collectors Insurance amcltest" <TOnlineBinders@americancollectors.com>

Date: December 6, 2011 3:29:21 PM EST

To: MARIA.B@AMERICANCOLLECTORS.COM, johndcarguv.r@is-partner.com

Subject: Your Client, John D. Carguy (Coverage Bound for 20 days effective 12/07/2011) Binder #2343179 AmclTest

Reply-To: MARIA.B@AMERICANCOLLECTORS.COM, johndcarguv.r@is-partner.com

Dear EXAMPLE AGENCY

Thank you for choosing American Collectors Insurance! This message is to confirm that coverage is bound for 20 days beginning at 12:01 am on 12/07/2011 for the above noted applicant. Included in this e-mail is an electronic copy of the binder, application and ID card(s).

A welcome package will be mailed to your client shortly. Contained in the package will be a "Signature Page" that your client must read, sign and return. Any state-mandated forms will also be included (if applicable), and will reflect the selections your client made during the application process. **American Collectors must receive the following items to continue coverage:**

- Signature page signed by your client and returned to us (pre-paid envelope provided)
- State forms, if applicable
 - If your client does not wish to make any changes, he/she should simply sign the applicable form(s). If you wish to complete the forms now with your client, click on the links below (must be completed & signed by the insured).
[Coverage Selection Form \(5,000 mile tier\)](#)
[Auto Insurance Buyer's Guide](#)
 - If your client wishes to wait for the welcome package to be mailed and wants to make a change, he/she will be instructed to mark his/her new selections and place

Quote and Submit Business
Online Today!



American Collectors Insurance

www.AmericanCollectors.com/Agents

Please do not hesitate to call for support or to learn more
about our online process. **1-800-360-2277**