



Ramey Insurance Agency  
Collector Vehicle Quote Sheet

Date:\_\_\_\_\_

Name: First\_\_\_\_\_ M\_\_\_\_\_ Last\_\_\_\_\_

DOB:\_\_\_\_\_ M/S/D/W :\_\_\_\_\_

Name: First\_\_\_\_\_ M\_\_\_\_\_ Last\_\_\_\_\_

DOB:\_\_\_\_\_ M/S/D/W :\_\_\_\_\_

Address:\_\_\_\_\_

Prior Mailing Address\_\_\_\_\_

Phone Number #\_\_\_\_\_ 2nd Phone #\_\_\_\_\_

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Driver #1 Name:\_\_\_\_\_

DOB:\_\_\_\_\_ DL#\_\_\_\_\_

Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_ Education Level:\_\_\_\_\_

Any

Tickets/Accidents/Claims?\_\_\_\_\_

Driver #2 Name:\_\_\_\_\_

DOB:\_\_\_\_\_ DL#\_\_\_\_\_

Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_ Education Level:\_\_\_\_\_

Any

Tickets/Accidents/Claims?\_\_\_\_\_

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For Collector Vehicles Please Answer The Following Questions:

Is this or any vehicle listed going to be used at car shows? Y / N

Is this or any vehicle listed going to be used for drag racing? Y / N

Is this or any vehicle listed as driven daily as a personal vehicle? Y / N

Desired Liability Limits:\_\_\_\_\_ Medical Payments:\_\_\_\_\_

Vehicle #1 Primary Driver:\_\_\_\_\_

Name on Title:\_\_\_\_\_

Year:\_\_\_\_\_ Make:\_\_\_\_\_ Model:\_\_\_\_\_

VIN#:\_\_\_\_\_

Value: \$ \_\_\_\_\_

Days Driven Per Year:\_\_\_\_\_ Miles Driven Per Year:\_\_\_\_\_

Comp Deductible \_\_\_\_\_ Coll \_\_\_\_\_ Full Glass? Y / N T: Y/N R: Y/N

Vehicle #2 Primary Driver:\_\_\_\_\_

Name on Title:\_\_\_\_\_

Year:\_\_\_\_\_ Make:\_\_\_\_\_ Model:\_\_\_\_\_

VIN#:\_\_\_\_\_

Value: \$ \_\_\_\_\_

Days Driven Per Year:\_\_\_\_\_ Miles Driven Per Year:\_\_\_\_\_

Comp Deductible \_\_\_\_\_ Coll \_\_\_\_\_ Full Glass? Y / N T: Y/N R: Y/N

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**For Agent To Fill Out**

How would you like to pay?\_\_\_\_\_

Card Info # : \_\_\_\_\_

Ex: \_\_\_\_\_ CVV: \_\_\_\_\_

Or

EFT

Rt # : \_\_\_\_\_

Account # : \_\_\_\_\_

Email: \_\_\_\_\_

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All Collector Vehicle Insurance Companies Require Images of the vehicle being insured.

Make sure to have the insured email all images of the exterior, engine, interior, trunk

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_