

Gulfway Insurers of Hudson, Inc
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Bayonet Point, FL 34667

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COLLECTOR'S CHOICE – QUOTE WORKSHEET

Date _____

Registered Owner _____ (Date of Birth) _____

Mailing Address _____

Garaging Address _____

In what State is vehicle registered _____

Phone _____ Fax _____ Email _____

Truck Club or Organization to which you belong _____

Details of accidents, violations or claims for ANY vehicle within past five years:



Vehicle Description

Year	Make/Model	GVW	Agreed Value	Restored?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Circle Coverage Limits Desired

<u>Liability</u>	<u>Medical</u>	<u>Uninsured Motorists</u>	<u>Deductibles</u>
State Minimum	\$ 500	\$	\$ 250
or	\$ 1,000		\$ 500
\$ 100,000	\$ 2,000		\$1,000
\$ 300,000	\$ 5,000		
\$ 500,000			
\$1,000,000			

**LIABILITY & UNINSURED MOTORISTS COVERAGE LIMITS CANNOT EXCEED YOUR
PERSONAL AUTO POLICY LIMITS**