

DECLARATIONS - CLASSIC COLLECTORS ®

RENEWAL CLASSIC COLLECTORS INFINITY SELECT INSURANCE COMPANY
 DECLARATIONS EFFECTIVE ON: 09-28-2008 PO BOX 719 HARTFORD, CT 06142-0719
 CURRENT POLICY PERIOD. POLICY IS EFFECTIVE AT THE ADDRESS OF THE POLICY HOLDER AS STATED HEREIN.
 POLICY NUMBER 454-28-37-22-5 FROM 12:01 AM SEP 28, 2008 TO 12:01 AM SEP 28, 2009
 10076717000225050100 STANDARD TIME



AMIR RUDYAN &/OR MELINDA RUDYAN
 28051 BALKINS DR
 AGOURA HILLS CA 91301

MIDWEST CLASSIC INSURANCE INC
 PO BOX 229
 AUBURN IL 62615-0229

AGENT NUMBER
 04-88 50
 TELEPHONE NO.
 888-271-4000

DESCRIPTION OF OWNED VEHICLE

VEH	TERR	YEAR	MAKE, MODEL, BODY	VEHICLE IDENTIFICATION NUMBER	MILEAGE PLAN	STATED AMOUNT	AGREED VALUE
1	1	1999	BENZ S600	WDBGA57G8XA409328	3000	\$75,000	
2	1	1991	BENZ 560SEL	WDBCA39E3MA581826	3000		\$13,750
4	1	1998	BENZ S600	WDBGA57G2WA382206	3000	\$25,000	

INSURANCE IS AFFORDED ONLY FOR THE COVERAGES FOR WHICH LIMITS OF LIABILITY AND PREMIUM CHARGES ARE INDICATED

COVERAGE AND LIMITS OF LIABILITY	PER PERSON	PER ACCIDENT	VEHICLE 1	VEHICLE 2	VEHICLE 4
MEDICAL PAYMENTS	\$ 1,000		6.00	INCLUDED	INCLUDED
UNINSURED MOTORISTS PROPERTY DAMAGE	\$3,500 DAMAGES		4.60	INCLUDED	INCLUDED
BODILY INJURY LIABILITY	\$ 250,000	\$ 500,000	39.00	INCLUDED	INCLUDED
CAR DAMAGE CAUSED BY COLLISION	LESS \$1,000 DED		486.00		130.00
UNINSURED MOTORISTS BODILY INJURY	\$250,000	\$500,000	18.40	INCLUDED	INCLUDED
CAR DAMAGE CAUSED BY COLLISION	LESS \$ 0 DED			83.00	
CAR DAMAGE OTHER THAN COLLISION	LESS \$1,000 DED				
FULL GLASS COVERAGE INCLUDED			564.00		150.00
PROPERTY DAMAGE LIABILITY		\$ 100,000	24.00	INCLUDED	INCLUDED
CAR DAMAGE OTHER THAN COLLISION	LESS \$ 0 DED				
FULL GLASS COVERAGE INCLUDED				93.00	
TOTAL PREMIUM FOR EACH VEHICLE			1142.00	176.00	280.00

ENDORSEMENTS PP70120107 05028N0704 05468N0805 PP00010105 PPO1690805 PP13011299 PP70260107

TOTAL PREMIUM 1,598.00 FEES .00 CASH APPLIED 587.25 PAYMENTS 3 @ 587.25 1ST PAYMENT DATE 12-28-2008

COUNTERSIGNED AT BY _____

NAME AND ADDRESS OF LOSS PAYEE OR LESSOR	
VEH	

ADDITIONAL EQUIPMENT			
ITEM	VEHICLE	DESCRIPTION	VALUE

VEHICLE	VEHICLE TYPE	ODOMETER
1	E	
2	C	
4	E	

OPERATORS INSURED UNDER THIS POLICY						
NO	NAME	SR22	DATE OF BIRTH	MARITAL STATUS	SEX	DRIVERS LICENSE NUMBER
1	AMIR RUDYAN		06-24-1963	M	M	C6904912
2	MELINDA RUDYAN		01-22-1958	M	F	N4050606
3	CHRISTOPHER JONES		03-05-1979	M	M	B7200099

EXCLUDED OPERATORS					
NO	NAME	DATE OF BIRTH	MARITAL STATUS	SEX	DRIVERS LICENSE NUMBER
4	ASHER RUDYAN				

DISCOUNTS/SURCHARGES											
VEH 1				VEH 2				VEH 4			
DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT
GOOD DRV				GOOD DRV				GOOD DRV			
INEXP HOME				COLLECTION				COLLECTION			
COLLECTION											

ADDITIONAL INSURED UNDER THIS POLICY - NAME AND ADDRESS OF ADDITIONAL INSURED (LESSORS SHOULD REFER TO ENDORSEMENTS)

AMIR RUDYAN &/OR MELINDA RUDYAN
28051 BALKINS DR
AGOURA HILLS CA 91301

04-88 50



24-Hour Loss Reporting Service

Company

INFINITY SELECT INSURANCE COMPANY

Policy Holder

AMIR RUDYAN &/OR MELINDA RUDYAN

Policy Number

454283722-5

Effective

SEP 28, 2008



24-Hour Loss Reporting Service

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irm # 02560R1005

CALIFORNIA
PROOF OF FINANCIAL RESPONSIBILITY CARD
INFINITY SELECT INSURANCE COMPANY

YEAR	MAKE / MODEL	VEHICLE ID NUMBER
1999	BENZ /S600	WDBGA57G8XA409328

POLICY NUMBER 454283722-5	NAME & ADDRESS OF INSURED AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR AGOURA HILLS CA 91301
EFFECTIVE DATE SEP 28, 2008	
EXPIRATION DATE SEP 28, 2009	DRIVER(S): AMIR RUDYAN MELINDA RUDYAN CHRISTOPHER JONES

THIS CARD SHOULD BE KEPT IN THE VEHICLE WITH THE
VEHICLE'S REGISTRATION CARD AT ALL TIMES

CALIFORNIA
PROOF OF FINANCIAL RESPONSIBILITY CARD
INFINITY SELECT INSURANCE COMPANY

YEAR	MAKE / MODEL	VEHICLE ID NUMBER
1991	BENZ /560	WDBCA39E3MA581826

POLICY NUMBER 454283722-5	NAME & ADDRESS OF INSURED AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR AGOURA HILLS CA 91301
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PROOF OF FINANCIAL RESPONSIBILITY CARD
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YEAR	MAKE / MODEL	VEHICLE ID NUMBER
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POLICY NUMBER 454283722-5	NAME & ADDRESS OF INSURED AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR AGOURA HILLS CA 91301
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CALIFORNIA INSURED

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16028(a) Every person who drives a motor vehicle required to be registered in this state upon a highway shall, when requested by a peace officer, provide evidence of financial responsibility for the vehicle.

One of the definitions of "evidence of financial responsibility" reads in part: (A) The name of the insurance company which issued the automobile liability policy, in effect for the vehicle and the number of the insurance policy.

SHOW THIS CARD TO THE REQUESTING PEACE OFFICER WHEN ASKED TO PROVIDE EVIDENCE OF FINANCIAL RESPONSIBILITY.

X _____

**IF YOU ARE INVOLVED IN AN ACCIDENT
REPORT YOUR LOSS IMMEDIATELY**

PHONE: 1-800-348-4269

7 DAYS A WEEK / 24 HOURS A DAY

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**24 HOUR CLAIM SERVICE
1-800-348-4269**

IF YOU HAVE AN ACCIDENT:

1. OBTAIN THE NAMES, ADDRESSES, AND PHONE NUMBERS OF EVERYONE INVOLVED.
2. RECORD THE DATE, TIME AND PLACE OF THE ACCIDENT.
3. IDENTIFY THE OTHER DRIVER AND HIS INSURANCE COMPANY.
4. LIST THE MAKE, MODEL AND LICENSE PLATE NUMBER OF THE OTHER VEHICLE.
5. PHONE THE POLICE AT ONCE.
6. PHONE US IMMEDIATELY, 24 HOURS A DAY, 7 DAYS A WEEK.

MEMBER OF THE NATIONAL INSURANCE CRIME BUREAU

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 PO BOX 229
 AUBURN IL 62615-0229

AGENT NUMBER 04-88 50
 TELEPHONE NO. 888-271-4000

DESCRIPTION OF OWNED VEHICLE

VEH	TERR	YEAR	MAKE, MODEL, BODY	VEHICLE IDENTIFICATION NUMBER	MILEAGE PLAN	STATED AMOUNT	AGREED VALUE
5	1	1999	BENZ SL600	WDBFA76F3XF175389	3000	\$30,500	
6	1	1992	BENZ 500	WDBEA36E6NB657113	3000		\$32,000

INSURANCE IS AFFORDED ONLY FOR THE COVERAGES FOR WHICH LIMITS OF LIABILITY AND PREMIUM CHARGES ARE INDICATED

COVERAGE AND LIMITS OF LIABILITY	PER PERSON	PER ACCIDENT	VEHICLE 5	VEHICLE 6	VEHICLE
MEDICAL PAYMENTS	\$ 1,000		INCLUDED	INCLUDED	
UNINSURED MOTORISTS PROPERTY DAMAGE	\$3,500 DAMAGES		INCLUDED	INCLUDED	
BODILY INJURY LIABILITY	\$ 250,000	\$ 500,000	INCLUDED	INCLUDED	
CAR DAMAGE CAUSED BY COLLISION	LESS \$1,000 DED		158.00		
UNINSURED MOTORISTS BODILY INJURY	\$250,000	\$500,000	INCLUDED	INCLUDED	
CAR DAMAGE CAUSED BY COLLISION	LESS \$ 0 DED			193.00	
CAR DAMAGE OTHER THAN COLLISION	LESS \$1,000 DED				
FULL GLASS COVERAGE INCLUDED			183.00		
PROPERTY DAMAGE LIABILITY		\$ 100,000	INCLUDED	INCLUDED	
CAR DAMAGE OTHER THAN COLLISION	LESS \$ 0 DED				
FULL GLASS COVERAGE INCLUDED				217.00	
TOTAL PREMIUM FOR EACH VEHICLE			341.00	410.00	

ENDORSEMENTS PP70120107 05028N0704 05468N0805 PPO0010105 PPO1690805 PP13011299 PP70260107

TOTAL PREMIUM 751.00 FEES .00 CASH APPLIED 587.25 -----PAYMENTS----- 3 @ 587.25 1ST PAYMENT DATE 12-28-2008

COUNTERSIGNED AT BY _____

NAME AND ADDRESS OF LOSS PAYEE OR LESSOR	
VEH	

ADDITIONAL EQUIPMENT			
ITEM	VEHICLE	DESCRIPTION	VALUE

VEHICLE	VEHICLE TYPE	ODOMETER
5	E	
6	C	

OPERATORS INSURED UNDER THIS POLICY						
NO	NAME	SR22	DATE OF BIRTH	MARITAL STATUS	SEX	DRIVERS LICENSE NUMBER

EXCLUDED OPERATORS						
NO	NAME	DATE OF BIRTH	MARITAL STATUS	SEX	DRIVERS LICENSE NUMBER	

DISCOUNTS/SURCHARGES											
VEH 5				VEH 6				VEH			
DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT	DESC	AMT
GOOD DRV COLLECTION				GOOD DRV COLLECTION							

ADDITIONAL INSURED UNDER THIS POLICY - NAME AND ADDRESS OF ADDITIONAL INSURED (LESSORS SHOULD REFER TO ENDORSEMENTS)

**INFINITY INSURANCE COMPANIES
CALIFORNIA PRIVACY NOTICE
AND
NOTICE OF INSURANCE INFORMATION
PRACTICES**

The members of Infinity Insurance Companies ("Infinity," including those companies listed in this Notice) respect your right to privacy.

We want you to know about our procedures for protecting your privacy and your rights and responsibilities regarding nonpublic personal information (referred to as "data" in this notice) we receive about you. We want you to understand how we gather data about you and how we protect it. The terms of this Notice apply to those individuals who inquire about or obtain insurance from Infinity primarily for personal, family or household purposes.

We will provide our customers with a copy of the most recent notice of our privacy policy at least annually and more often if we make any changes affecting their rights under our privacy policy. This Notice applies to current and former customers of Infinity.

Infinity does not share your data except as allowed by law. As a result, you do not need to take any action under this Notice. If we change our practices in the future, we will advise you. If applicable, we will allow you to "opt-out" of certain sharing.

1. What kind of data is collected about you?

We get most of our data about you directly from you, such as your name, address, social security number, income level and certain other financial data. We collect data that you provide during the insurance application process and by other contact with you by mail and over the phone.

In some cases we may need additional data or may need to verify data you have given us. In those cases, we may obtain data from outside sources at our own expense. For instance, we may collect data from consumer reporting agencies such as

credit worthiness and history or employment history. If you send a written request to the address below, we will inform you of the name and address of any agency we have used to prepare a report on you so that you can contact the agency.

Once you become our customer, we may collect data related to our experiences and transactions with you. This could include data such as insurance policy coverage, premiums and payment history, and any claims you make under your insurance policy. For example, we will retain data collected by a claims representative and police or fire reports.

We may also collect data about you from our affiliates regarding their transactions and experiences with you (such as your payment or claims history). We do not currently share other credit-related data, except as allowed or required by law.

Finally, we may collect data when you visit our website or when you email us. We do not sell this or any other data about you to anyone.

2. What do we do with data about you?

Data about you will be kept in our records. We may disclose data to issue and service policies and settle claims. Generally, we will not disclose data about you to any outside group without your prior authorization. However, we may, as allowed by law, share data that we collect as set forth below.

We may disclose data to your insurance agent,

We may disclose data to persons who represent you, including your attorney or trustee.

We may disclose data to adjusters, appraisers, auditors, investigators and attorneys.

We may disclose data to those who need the data to perform a business, professional or insurance function for us.

We may disclose data to other insurance companies, agents or consumer reporting agencies, in connection with any insurance application, policy or claim involving you.

We may disclose data to medical providers to inform you of a medical condition of which you may not be aware and for claims payment purposes.

We may disclose data to others that conduct research, provided that no individual data may be identified in any research study report.

We may disclose data, other than health data, to others that perform marketing services on our behalf.

We may disclose data to our affiliated companies to market products to you and for other purposes. The law does not allow you to restrict this sharing.

We may disclose data to a court, state insurance department or other government agency pursuant to a summons, court order, search warrant, subpoena, or as otherwise required by law or regulation.

We will only disclose your health data in the following ways:

As allowed or required by law;

With your written consent;

To underwrite or administer your policy, claim or account; or

In a manner as previously disclosed to you by us when we collect your health data.

When we disclose your data to third parties for certain purposes described above, we will require them to use your data only for its intended purpose.

3. Who has access to your data?

The only people who have access to your data are those who need it to provide or support the provision of products or

services to you. We use a system of passwords and other appropriate physical, electronic and procedural safeguards to protect against unauthorized access to your data. We have educated our employees about this Notice and the importance of customer privacy.

4. How can you review recorded data about you?

You have the right to access and inspect most of the data that we collect about you. To access your data please send a written request to the address below stating that you would like to access your data. Either you or your personal representative must sign this request and provide a copy of your driver's license or other valid photo identification. You also have the right to request that we correct any data that you believe is incorrect.

To amend your data, please send us a written request, at the address below, stating what data you believe needs correcting. Once again, either you or your personal representative must sign this request. If you submit a request to amend your data, we will investigate. If we agree, we will correct our records. Even if we do not correct the data, you have the right to file with us a written statement of dispute, which we will include, in any future disclosure of the data.

5. How can you contact us?

If you have any questions about our privacy policy, please write to us at the following address:

INFINITY INSURANCE COMPANIES
PRIVACY OFFICER - LEGAL COMPLIANCE
DEPT.
3700 COLONNADE PARKWAY
Birmingham, AL 35243

List of Companies

Infinity Insurance Company
Infinity Select Insurance Company
Infinity National Insurance Company
Infinity Auto Insurance Company

AMIR RUDYAN &/OR MELINDA RUDYAN
28051 BALKINS DR
AGOURA HILLS CA 91301

04-88 50



24-Hour Loss Reporting Service

Company

INFINITY SELECT INSURANCE COMPANY

Policy Holder

AMIR RUDYAN &/OR MELINDA RUDYAN

Policy Number

454283722-5

Effective

SEP 28, 2008



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m # 02560R1005

CALIFORNIA
PROOF OF FINANCIAL RESPONSIBILITY CARD
INFINITY SELECT INSURANCE COMPANY

YEAR	MAKE / MODEL	VEHICLE ID NUMBER
1999	BENZ /SL600	WDBFA76F3XF175389

POLICY NUMBER	NAME & ADDRESS OF INSURED
454283722-5	AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR
EFFECTIVE DATE	AGOURA HILLS CA 91301
SEP 28, 2008	

EXPIRATION DATE	DRIVER(S):
SEP 28, 2009	

THIS CARD SHOULD BE KEPT IN THE VEHICLE WITH THE
VEHICLE'S REGISTRATION CARD AT ALL TIMES

CALIFORNIA
PROOF OF FINANCIAL RESPONSIBILITY CARD
INFINITY SELECT INSURANCE COMPANY

YEAR	MAKE / MODEL	VEHICLE ID NUMBER
1992	BENZ /500	WDBEA36E6NB657113

POLICY NUMBER	NAME & ADDRESS OF INSURED
454283722-5	AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR
EFFECTIVE DATE	AGOURA HILLS CA 91301
SEP 28, 2008	

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YEAR	MAKE / MODEL	VEHICLE ID NUMBER
*****	/*****	*****

POLICY NUMBER	NAME & ADDRESS OF INSURED
454283722-5	AMIR RUDYAN &/OR MELINDA RUDYAN 28051 BALKINS DR
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X _____

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REPORT YOUR LOSS IMMEDIATELY**

PHONE: 1-800-348-4269

7 DAYS A WEEK / 24 HOURS A DAY

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7 DAYS A WEEK / 24 HOURS A DAY

**24 HOUR CLAIM SERVICE
1-800-348-4269**

IF YOU HAVE AN ACCIDENT:

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2. RECORD THE DATE, TIME AND PLACE OF THE ACCIDENT.
3. IDENTIFY THE OTHER DRIVER AND HIS INSURANCE COMPANY.
4. LIST THE MAKE, MODEL AND LICENSE PLATE NUMBER OF THE OTHER VEHICLE.
5. PHONE THE POLICE AT ONCE.
6. PHONE US IMMEDIATELY, 24 HOURS A DAY, 7 DAYS A WEEK.

MEMBER OF THE NATIONAL INSURANCE CRIME BUREAU

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