

Effective Date of Coverage: _____

1. Full Name of Insured as it is to appear on policy: _____
 Doing Business as: _____
 New venture? Yes No Date business started: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Daytime Phone: (_____) _____ Evening Phone: (_____) _____
 Fax: (_____) _____ E-mail: _____
 Website: _____

2. Name of Agency (if applicable): K2 INSURANCE
 Agent/Broker/Contact Name: _____
 Mailing Address: 40960 CALIFORNIA OAKS RD #132
 City: MURRIETA State: CA Zip: 92562
 Daytime Phone: (800) 741 4911 Evening Phone: (_____) _____
 Fax: (_____) _____ E-mail: _____

3. Name(s) of driver(s) on all towing vehicles/transporter:

Driver's Name	Date of Birth	License #	State Issued In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Sanctioning Body, Association or Club Membership: *(if you participate in more than one series please indicate the predominant series)*

NASCAR: Cup Nationwide Truck NASCAR other (indicate division) _____

SCCA: Trans-Am World Challenge Pro Mazda Formula SCCA other (indicate division) _____

NHRA: Top Fuel Funny Car Pro Stock Bikes NHRA other (indicate division) _____

IHRA: Top Fuel Funny Car Pro Stock Bikes IHRA other (indicate division) _____

GARRA: Prototype GT GS ST Ferrari Challenge

ALMS: GT GT Challenge LMP1 LMP2 LMP Challenge

INDY CAR: Indy Car Indy Lights

NSCRA AMA MTRA NTPA WOO USAC IKF WKA INEX

ASA ARCA WISSOTA DIRT IMCA UMP/EXTREME FORMULA BMW

CARS PRO CUP VINTAGE

APBA/SBI/OSS/OPA FORMULA ATLANTIC Other: (please indicate) _____

5. Prior carrier information (new business only) - **(SUBMIT HARD COPY OF LOSS RUNS)**

Year	Company	Limit of Insurance	Losses	Premium
_____	_____	_____	_____	_____

UNDERWRITING CRITERIA

All questions MUST be fully answered. Policy subject to \$1,000 fully earned premium.

1. BUILDING

a. **PRIMARY** storage location address:

City: _____

County: _____

State: _____ Zip: _____

b. Construction: Wood Frame Metal Frame

Concrete Block Poured Concrete/Steel

Fire Resistive Other _____

c. Age of building: _____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. In which type of area is the building located:

Commercial Retail Residential Rural

g. How many doors? _____ Locked? Yes No

h. How many windows? _____ Locked? Yes No

i. Does building have burglar alarm? Yes No

j. If yes, is it monitored by outside alarm company? Yes No

k. Type of alarm: _____

l. Is there a sprinkler system? Yes No

m. Is there a smoke alarm? Yes No

n. If yes, is it monitored by outside alarm company? Yes No

o. Type of alarm: _____

p. Are flammables stored in garage? Yes No

q. If yes, please list and describe precautions taken to reduce chance of fire: _____

Building Improvements

Wiring Date: _____

Plumbing Date: _____

Heating Date: _____

Roofing Date: _____

Other _____ Date: _____

a. **SECONDARY** storage location address (if applicable):

City: _____

County: _____

State: _____ Zip: _____

b. Construction: Wood Frame Metal Frame

Concrete Block Poured Concrete/Steel

Fire Resistive Other _____

c. Age of building: _____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. In which type of area is the building located:

Commercial Retail Residential Rural

g. How many doors? _____ Locked? Yes No

h. How many windows? _____ Locked? Yes No

i. Does building have burglar alarm? Yes No

j. If yes, is it monitored by outside alarm company? Yes No

k. Type of alarm: _____

l. Is there a sprinkler system? Yes No

m. Is there a smoke alarm? Yes No

n. If yes, is it monitored by outside alarm company? Yes No

o. Type of alarm: _____

p. Are flammables stored in garage? Yes No

q. If yes, please list and describe precautions taken to reduce chance of fire: _____

Building Improvements

Wiring Date: _____

Plumbing Date: _____

Heating Date: _____

Roofing Date: _____

Other _____ Date: _____

2. COMPETITION/SHOW VEHICLE & EQUIPMENT

a. Will insured vehicle(s) ever be loaned to or rented to others? Yes No

If yes, explain: _____

b. Are competition vehicles licensed for public road use? Yes No

c. Will insured equipment be used for non-racing activities? Yes No

d. If Yes, explain _____

3. TRAILER

a. Is insured vehicle, and/or equipment permanently stored in/on trailer? Yes No

b. Type of trailer? Open Enclosed

c. Is the trailer equipped with an alarm system? Yes No

4 Will insured equipment ever be stored away from the track or storage location overnight? Yes No

If Yes, please describe any additional security measures taken: _____

5. ADDITIONAL UNDERWRITING

List any other precautions that have been taken to reduce loss to insured items: _____

6. If you live in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside

a building at your primary storage location? Yes No

If Yes, please describe briefly: _____

