

MOTORSPORTS OFF-COURSE AND STORAGE APPLICATION

Full Name of Insured as it is to appear on policy: Doing Business as:					of Coverage:	
New venture?	Full Name of Insured as	s it is to appear on	policy:			
Mailing Address:	Doing Business as:					
City:	New venture? ☐ Yes	s 🔲 No	Date bu	siness start	ted:	
Contact Person:	Mailing Address:					
Daytime Phone: (City:		Stat	e:		Zip:
Fax:(Contact Person:				Title:	
Fax:(Daytime Phone: ()		Evening	g Phone: ()_	
Name of Agency (if applicable): Agent/Broker/Contact Name: Mailing Address: 40960 CALIFORNIA OAKS RD #132 City: MURRIETA						
Name of Agency (if applicable): Agent/Broker/Contact Name: Mailing Address: 40960 CALIFORNIA OAKS RD #132 City: MURRIETA	Website:					
Daytime Phone: (800 741 4911	Agent/Broker/Contact N Mailing Address: 4096	lame: 60 CALIFORNIA	OAKS RD #	[‡] 132		
Fax:(
Fax:(Daytime Phone: (800	741 4911		Evening	g Phone: ()_	
Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Driver's Name Date of Birth License # State Issued In Date of Birth Date of Birth License # State Issued In Date of Birth Date of Birth Date of Birth Date of Date						
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) HRA: Top Fuel Funny Car Pro Stock Bikes HHRA other (indicate division) SARRA: Prototype GT GS ST Ferrari Challenge NLMS: GT GT Challenge LMP1 LMP2 LMP Challenge NDY CAR: Indy Car Indy Lights NSCRA AMA MTRA NTPA WOO USAC IKF WKA INE ASA ARCA WISSOTA DIRT IMCA UMP/EXTREME FORMULA BMY CARS PRO CUP VINTAGE APBA/SBI/OSS/OPA FORMULA ATLANTIC Other: (please indicate)	Driver's Name	e I	Date of Birth		License #	State Issued Ir
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) HRA: Top Fuel Funny Car Pro Stock Bikes HRA other (indicate division) GARRA: Prototype GT GS ST Ferrari Challenge ALMS: GT GT Challenge LMP1 LMP2 LMP Challenge NDY CAR: Indy Car Indy Lights NSCRA AMA MTRA NTPA WOO USAC KF WKA INE ASA ARCA WISSOTA DIRT MCA UMP/EXTREME FORMULA BM' CARS PRO CUP VINTAGE Prior carrier information (new business only) - (SUBMIT HARD COPY OF LOSS RUNS)	Driver's Name) I	Date of Birth		License #	State Issued Ir
Trans-Am World Challenge Pro Mazda Formula SCCA other (indicate division) HRA: Top Fuel Funny Car Pro Stock Bikes NHRA other (indicate division) HRA: Top Fuel Funny Car Pro Stock Bikes IHRA other (indicate division) HRA: Top Fuel Funny Car Pro Stock Bikes IHRA other (indicate division) HRA: Top Fuel Funny Car Pro Stock Bikes IHRA other (indicate division) HRA: Prototype GT GS ST Ferrari Challenge LMP1 LMP2 LMP Challenge LMP1 LMP2 LMP2 LMP Challenge LMP1 LMP2				inate in more		
HRA:	anctioning Body, Associatio	n or Club Membersh	ip: <i>(if you partic</i>	-	than one series please in	ndicate the predominant serie
GARRA: Prototype GT GS ST Ferrari Challenge ALMS: GT GT Challenge LMP1 LMP2 LMP Challenge NDY CAR: Indy Car Indy Lights NSCRA AMA MTRA NTPA WOO USAC KF WKA INE ASA ARCA WISSOTA DIRT MCA UMP/EXTREME FORMULA BM CARS PRO CUP VINTAGE APBA/SBI/OSS/OPA FORMULA ATLANTIC Other: (please indicate)	anctioning Body, Associatio	on or Club Membersh	ip: <i>(if you partic</i> . □ Truck	☐ NAS	<i>than one series please ii</i> CAR other (indicate divisio	ndicate the predominant serie
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page 1 of 4 1027 11/11

UNDERWRITING CRITERIA

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

1. BUILDING

a. PRIMARY storage location address:			a. SECONDARY storage location address (if a	pplicable):				
City:			City:					
County:			County:					
State: Zip:			State: Zip:					
b. Construction:	me		b. Construction:	Frame				
☐ Concrete Block ☐ Poured Concrete/Steel			☐ Concrete Block ☐ Poured Concrete/Steel					
☐ Fire Resistive ☐ Other			☐ Fire Resistive ☐ Other					
c. Age of building:			c. Age of building:					
(If over 20 years old, please complete Building Improv	rements Se	ection)	(If over 20 years old, please complete Building Im	provements S	Section)			
d. How far to nearest hydrant:			d. How far to nearest hydrant:					
e. How far to nearest fire station:			e. How far to nearest fire station:					
f. In which type of area is the building located:			f. In which type of area is the building located:					
☐ Commercial ☐ Retail ☐ Residential	☐ Rural	I	🗅 Commercial 🗅 Retail 🕒 Resident	tial 🖵 Rura	al			
g. How many doors? Locked?	Yes	☐ No	g. How many doors? Locked?	Yes	☐ No			
h. How many windows? Locked?	Yes	☐ No	h. How many windows? Locked?	Yes	☐ No			
i. Does building have burglar alarm?	Yes	☐ No	i. Does building have burglar alarm?	Yes	☐ No			
j. If yes,is it monitored by outside alarm company?	Yes	☐ No	j. If yes,is it monitored by outside alarm company?	Yes	☐ No			
k. Type of alarm:			k. Type of alarm:					
I. Is there a sprinkler system?	Yes	☐ No	I. Is there a sprinkler system?	Yes	☐ No			
m. Is there a smoke alarm?	Yes	☐ No	m. Is there a smoke alarm?	Yes	☐ No			
n. If yes,is it monitored by outside alarm company?	Yes	☐ No	n. If yes,is it monitored by outside alarm company?	Yes	☐ No			
o. Type of alarm:			o. Type of alarm:					
p. Are flammables stored in garage?	Yes	☐ No	p. Are flammables stored in garage?	Yes	☐ No			
$\boldsymbol{q.}$ If yes, please list and describe precautions taken to	reduce ch	ance	q. If yes, please list and describe precautions take	n to reduce c	hance			
of fire:			of fire:					
Building Improvements			Building Improvements					
☐ Wiring Date:			☐ Wiring Date:					
☐ Plumbing Date:			□ Plumbing Date:					
☐ Heating Date:			☐ Heating Date:					
□ Roofing Date:			□ Roofing Date:					
□ Other Date:			☐ Other Date:					
2. COMPETITION/SHOW VEHICLE & EQU								
a. Will insured vehicle(s) ever be loaned t	o or rente	ed to othe	ers?	☐ Yes	☐ No			
If yes, explain:b. Are competition vehicles licensed for p	oublic roa	nd use?		☐ Yes	□ No			
c. Will insured equipment be used for no				☐ Yes	☐ No			
d. if Yes, explain								
3. TRAILER								
a. Is insured vehicle, and/or equipment p	ermanent	tly stored		☐ Yes	☐ No			
b. Type of trailer?c. Is the trailer equipped with an alarm sy	retem?		☐ Open ☐ E	inclosed Yes	□ No			
4 Will insured equipment ever be stored away from the track or storage location overnight?				☐ Yes	☐ No			
			ken:					
 ADDITIONAL UNDERWRITING List any other precautions that have beer 	n taken to	reduce l	oss to insured items:					
O Karantha ta a a data ta da		111						
6. If you live in a coastal, hurricane area, do a building at your primary storage locatio if Yes, please describe briefly:		e a writtei	n evacuation plan to move your equipment inlar	nd or inside ☐ Yes	□No			

page 2 of 4 1027 11/11

INVENTORY SCHEDULE

Competition Vehicle /Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value
2. Engines	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value
Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value
4. Equipment (tools, spare parts, etc.) LIST ALL ITEMS OVER \$2,500	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

5. Unscheduled Miscellaneous Equipment (NOT LISTED ABOVE) please list total value \$_

page 3 of 4 1027 11/11

INVENTORY SCHEDULE (Continued)

6. Souvenir Inventory/Merchandise					Insured Value (replacement value)	
7. Trailers			Serial Identi (RE		Insured Value (replacement value)	
8. Motorhomes			Serial Numbers or Identifying Marks			Insured Value
AVAILABLE FUR MUTURIUM	IES VALUED OVER \$150,000 ONLY		(RE	EQUIRED)		(replacement value)
9. Desired Deductibles:	Competition Vehicle/Chassis	\$1.00	0 🗆 \$2.500	\$5.000	\$10,000	☐ Other \$
	All other items					☐ Other \$
	Trailers and Motorhomes	□ \$1,00	0 🗆 \$2,500	□ \$5,000	□ \$10,000	☐ Other \$
10. Loss Payee: (if other	than named insured)					
Name:		Con	tact Name:			
Mailing Address:			City:		State:	Zip:
Please identify item(s):						
	nce company in determining wheth nd all other information being submi nplete, true and correct.					
Applicant's Signature			Producer's Si	gnature (if a	oplicable)	
Applicant's Name (print)			Producer's Na	ame (print)		
Date			Date			

1027 11/11 page 4 of 4