

APPLICANT INFORMATION

Racing Team Racing Sponsor

Name of Insured (as it will appear on policy): _____

Doing Business as: _____

Years in business: _____ Years of racing experience: _____

Insured is: Corporation Partnership Joint venture Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (if different than mailing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Email: _____

Person is: Owner Promoter Agent Other: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Name of Agency/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

COVERAGE INFORMATION

Policy term requested: From: _____ To: _____

1. Liability Limits: 1,000,000 2,000,000 3,000,000 4,000,000
 5,000,000 10,000,000 Other* _____ **Agent, Please attach Acord umbrella*

2. Sanctioning Body: _____ Classification: _____

3. Number of competition vehicles entered for team/sponsor in each race event: _____ Estimated Number of Events: _____

4. Schedule of Racing Events **-REQUIRED-** please attach: _____

5. Driver(s) Name(s): _____ Drivers Age: _____
Racing Experience: _____

6. Additional Insured(s) to be listed on policy: **(If additional space is needed, please list and attach a separate sheet.)**

[Sponsor(s), Owner(s), Driver(s)]	Relationship to Team
_____	_____
_____	_____
_____	_____

7. Describe any Racing/Owners Sponsors Liability claims in past 5 years _____

PLEASE SEND INFORMATION ON THE FOLLOWING COVERAGES:

- Off-Course & Storage** – All perils protection while the competition vehicle and the race equipment are being transported and/or stored.
- Race Team Coverages** – General Liability, Building, Contents, Business Auto including Tractors/Trailers, other business related insurance coverages.
- Primary Testing Coverage**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)