

Motorsports Off-Course and Storage Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____
(effective date) (expiry date)

2.2 Mailing information

Name as it is to appear on policy: _____
Mailing Address: _____ _____

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

Driver's Name	Date of Birth	License #	Province Issued In

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

NASCAR:	Cup	<input type="checkbox"/>	NASCAR other (indicate division)	<input type="checkbox"/>	_____			
SCAA:	SCAA other (indicate division)	<input type="checkbox"/>	_____					
NHRA:	Top Fuel	<input type="checkbox"/>	Funny Car	<input type="checkbox"/>	Pro Stock	<input type="checkbox"/>	Bikes	<input type="checkbox"/>
	NHRA other (indicate division)	<input type="checkbox"/>	_____					
IHRA:	Top Fuel	<input type="checkbox"/>	Funny Car	<input type="checkbox"/>	Pro Stock	<input type="checkbox"/>	Bikes	<input type="checkbox"/>
	IHRA other (indicate division)	<input type="checkbox"/>	_____					
GARRA:	Prototype	<input type="checkbox"/>	GTS	<input type="checkbox"/>	GT	<input type="checkbox"/>	American GT	<input type="checkbox"/>
ALMS:	Prototype	<input type="checkbox"/>	GTS	<input type="checkbox"/>	GT	<input type="checkbox"/>	American GT	<input type="checkbox"/>
OWRS:	Champ Car	<input type="checkbox"/>	Formula Atlantic	<input type="checkbox"/>				
IRL:	Indy Car	<input type="checkbox"/>	Infinity Pro	<input type="checkbox"/>				
	NOPI	<input type="checkbox"/>	WOO	<input type="checkbox"/>	USAC	<input type="checkbox"/>	IKF	<input type="checkbox"/>
	WKA	<input type="checkbox"/>	ASN	<input type="checkbox"/>	ARCA	<input type="checkbox"/>	WISSOTA	<input type="checkbox"/>
	DIRT	<input type="checkbox"/>	FAQ	<input type="checkbox"/>	CASC	<input type="checkbox"/>	VINTAGE	<input type="checkbox"/>
	USAR / HOOTERS CUP	<input type="checkbox"/>						
Other (please describe)								

Please attach racing schedule.

Section 3: Building

3.1 Primary storage location address:

Mailing Address: _____

3.2 Construction:

Wood Frame Metal Frame Concrete Block Fire Resistant
 Poured Concrete / Steel Other: _____

3.3

Approximate age of building: _____

How far to the nearest hydrant: _____

How far to the nearest fire station: _____

Number of doors: _____ Locked? Yes No

Number of windows: _____ Locked? Yes No

Does the building have a burglar alarm? Yes No

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

 Type of alarm: _____

Is there a sprinkler system? Yes No

Does the building have a smoke alarm? Yes No

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

 Type of alarm: _____

3.4

Are Flammables stored in a garage? Yes No

If yes, please list and describe precautions taken to reduce change of fire:

3.5 Secondary storage location address (if applicable):

Mailing Address: _____

3.6 Construction:

Wood Frame Metal Frame Concrete Block Fire Resistive
 Poured Concrete / Steel Other:

3.7

Approximate age of building: _____

How far to the nearest hydrant: _____

How far to the nearest fire station: _____

Number of doors: _____ Locked? Yes No

Number of windows: _____ Locked? Yes No

Does the building have a burglar alarm? Yes No

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

 Type of alarm: _____

Is there a sprinkler system? Yes No

Does the building have a smoke alarm? Yes No

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

 Type of alarm: _____

3.8

Are Flammables stored in a garage? Yes No

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

Section 4: Competition / Show Vehicle & Equipment

4.1

Will the insured vehicle(s) ever be loaned to or rented to others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain: _____ _____				
Are competition vehicles licensed for public road use?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will insured equipment be used for non-racing activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain: _____ _____				

4.2 Trailer

Is the insured vehicle permanently stored in / on a trailer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of trailer:	Open	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
Is the trailer equipped with an alarm system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.3 Please list any other precautions that have been taken to reduce loss to the insured items:

Section 5: Inventory Schedule

5.1

Competition Vehicle/Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

5.2

Engines	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$

5.3

Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$
		\$
		\$

5.4

Equipment (tools, spare parts, etc.) LIST ALL ITEMS \$2,500	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

5.5

Unscheduled Miscellaneous Equipment (Not listed above) please list total value:	\$
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5.6

Souvenir Inventory/Merchandise	Insured Value
	\$
	\$
	\$
	\$
	\$
	\$

5.7

Trailers:	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

5.8

Motorhomes – Available for Motorhomes Valued over \$150,000 only	Serial Numbers or Identifying Marks (REQUIRED)	Value
		\$
		\$
		\$
		\$

5.9 Desired Deductible:

Competition Vehicle / Chassis:

<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	Other	\$					

All other items:

<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	Other	\$					

5.10 Loss Payee

Mailing Address: _____

Please identify item(s):

Section 6: Claims Information

6.1

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

6.2

Does the Insured have a formal equipment or premises maintenance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel:				

6.3 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 7: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 8: Additional Information

Additional Information: