



MOTORSPORTS OFF-COURSE & 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 (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name of Insured 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

☐ NASCAR other (indicate division)

SCAA:

☐ SCAA 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

☐ GTS

☐ GT

☐ American GT

ALMS:

☐ Prototype

☐ GTS

☐ GT

☐ American GT

OWRS:

☐ Champ Car

☐ Formula Atlantic

IRL:

☐ Indy Car

☐ Infinity Pro

☐ NOPI

☐ WOO

☐ USAC

☐ IKF

☐ WKA

☐ ASN

☐ ARCA

☐ WISSOTA

☐ DIRT

☐ FAQ

☐ CASC

☐ VINTAGE

☐ USAR / HOOTERS CUP

☐ 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 Resistive

☐ 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:
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 change of fire: _____

SECTION 4: COMPETITION/SHOW VEHICLE & EQUIPMENT

4.1 Will the insured vehicle(s) ever be loaned to or rented to others? ☐ Yes ☐ No
If yes, please explain: _____

Are competition vehicles licensed for public road use? ☐ Yes ☐ No
Will insured equipment be used for non-racing activities? ☐ Yes ☐ No
If yes, please explain: _____

4.2 Trailer

Is the insured vehicle permanently stored in / on a trailer?

☐ Yes ☐ No

Type of trailer:

 Open

 Enclosed

Is the trailer equipped with an alarm system?

☐ Yes ☐ No

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

[illegible]

SECTION 5: INVENTORY SCHEDULE

5.1

Competition Vehicle/Race Car Chassis
(list value excluding engine)

**Serial Numbers or Identifying Marks
(REQUIRED)**

Value

[illegible]

5.2

[illegible]

5.3

[illegible]

5.4

[illegible]

5.5 **Unscheduled Miscellaneous Equipment (Not listed above) please list total value:** \$_____

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:

☐ \$1,000

☐ \$2,500

☐ \$5,000

☐ \$10,000

☐ Other \$

All other items:

☐ \$1,000

☐ \$2,500

☐ \$5,000

☐ \$10,000

☐ 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 ☐ No

If yes, please provide details:

6.2 Does the Insured have a formal equipment or premises maintenance procedure?

☐ Yes ☐ No

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.):**

[illegible]

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 7: ADDITIONAL INFORMATION

[illegible]