

123 N. Spring Street
Beaver Dam, WI 53916
ph 920.887.1615 fax 920.887.2851

MOTORSPORTS OFF-TRACK & STORAGE APPLICATION

www.richardsinsurance.com

email: info@richardsinsurance.com

		Effective Da		
		n policy:		
New venture?		Date business started:		
		State:		
		Title:_		
		Ev		
Fax: ()		E-mail:		
Website:				
Name of Agency (if	applicable):			
Agent/Broker/Conta	ct Name:			
		State:		
)	Ev	//////////////////////////////////////	
Daytime Phone: (E-mail:		
Daytime Phone: (on all towing vehicle	E-mail:s/transporter:		
Daytime Phone: (on all towing vehicle	E-mail:s/transporter:		
Daytime Phone: (on all towing vehicle	E-mail:s/transporter: Date of Birth		

UNDERWRITING CRITERIA

1. BUILDING

a. PRI	MARY storage location address:			a. SECONDARY storage lo	cation address (if applicat	ole):	
Citv:				Citv:			
State	: Zip:			State:	Zip:		
	Instruction: □ Wood Frame □ Metal Fra □ Concrete Block □ Poured Concrete/Steel □ Fire Resistive □ Other	me		b. Construction: □ Woo □ Concrete Block		ame I	
c. Age	of building:			c. Age of building:			
-	rer 20 years old, please complete Building Improv				se complete Building Impr		
	v far to nearest hydrant:			d. How far to nearest hydr			
e. Hov	v far to nearest fire station:			e. How far to nearest fire s			
f. In w	hich type of area is the building located:			f. In which type of area is	the building located:		
	☐ Commercial ☐ Retail ☐ Residential	☐ Rural		☐ Commercial ☐	Retail 🔲 Residential	☐ Ru	ral
g. Hov	How many doors? Locked? □ Yes □ No g. How many doors? Locked?		Locked?	☐ Ye	s 🖵 No		
	v many windows? Locked?	☐ Yes	□ No	h. How many windows?		☐ Ye	s 🖵 No
	es building have burglar alarm?				☐ Ye	s 🖵 No	
	If yes, is it monitored by outside alarm company?				☐ Ye	s 🖵 No	
k. Typ	e of alarm:			k. Type of alarm:	. ,		
	ere a sprinkler system?	☐ Yes	□ No	I. Is there a sprinkler syste		☐ Ye	s 🖵 No
	n. Is there a smoke alarm?				☐ Ye	s 🖵 No	
n. If ye	yes, is it monitored by outside alarm company?			tside alarm company?	☐ Ye	s 🖵 No	
-	e of alarm:			o. Type of alarm:			
	flammables stored in garage?	☐ Yes	□ No	p. Are flammables stored i		☐ Ye	s 🖵 No
-	es, please list and describe precautions taken to	reduce ch	ance	q. If yes, please list and de		to reduce	chance
	ire:			•			
Buildi	ng Improvements			Building Improvements			
□ W	'iring Date:			□ Wiring	Date:		
☐ PI	umbing Date:			☐ Plumbing	Date:		
☐ He	eating Date:			☐ Heating	Date:		
☐ Re	oofing Date:			☐ Roofing	Date:		
0 0	ther Date:			☐ Other	Date:		
2.	COMPETITION/SHOW VEHICLE & EQUIPMENT						
	a. Will insured vehicle(s) ever be loaned to or rent	ted to other	s?			☐ Yes	□ No
	If yes, explain:	ad usa2				☐ Yes	□ No
	c. Will insured equipment be used for non-racing					☐ Yes	□ No
	d. if Yes, explain						
3.	TRAILER						
	a. Is insured vehicle, and/or equipment permaner					Yes	☐ No
	if yes, where is trailer stored?	-	-	☐ Outside ☐ Other_			
	b. Type of trailer?	☐ Enclo	sed			□ Voo	□ No
4	Will insured equipment ever be stored away from	the track o	ır storane lo	ocation overnight?		☐ Yes☐ Yes	□ No □ No
7	if Yes, please describe any additional security me					- 103	- 110
5.	ADDITIONAL UNDERWRITING	acai co tai t					
	List any other precautions that have been taken t	o reduce lo	ss to insure	d items:			
	<u></u>						
6.	If you live in a coastal, hurricane area, do you have	e a written	evacuation	pian to move your equipment ir	liand or inside a building	□ Voo	□ No
	at your primary storage location? if Yes, please describe briefly:					Yes	☐ No
	If Yes, Diease describe orieny.						

INVENTORY SCHEDULE

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

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

INVENTORY SCHEDULE

(Continued)

6. Souvenir Inventory/Merchandise						Insured Value (replacement value)	
					-		
					+		
		I	Corio	l Numbers or			
7. Trailers	7. Trailers					Insured Value (replacement value)	
			(r	REQUIRED)			
8. Motorhomes AVAILABLE FOR MOTORH	8. Motorhomes AVAILABLE FOR MOTORHOMES VALUED OVER \$150,000 ONLY Serial Numbers or Identifying Marks (REQUIRED)					Insured Value (replacement value)	
9. Desired Deductibles:	Competition Vehicle/Chassis	\$1,000	\$2,500	\$5,000	\$10,000	□ Other \$	
	All other items	\$1,000	\$2,500	\$5,000	\$10,000	☐ Other \$ ☐ Other \$	
10. Loss Payee: (if other the	Trailers and Motorhomes han named insured)	□ \$1,000	\$2,500	\$5,000	\$10,000	☐ Other \$	
	,	Con	tact Name:				
City:	State	e:			Zip:		
Phone: ()			Fax:()				
Please identify item(s):							
I understand that the insura in the application and all oth provided is complete, true ar	nce company in determining whethe ner information being submitted. I he nd correct.	er to provide a q reby warrant, re	uotation for in present and co	surance cove onfirm that, t	erage will rely the best of n	on the information contained ny knowledge, all information	
Applicant's Signature		Producer's Signature (if applicable)					
Applicant's Name (print) Producer				Producer's Name (print)			
Date			Date				