MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

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: State: Zip: City: Street Address (if different than mailing address): State: Zip: ______ Email: ______ Contact Person: Person is: ☐ Owner ☐ Promoter ☐ Agent ☐ Other: Daytime Phone: Evening Phone: Fax: Name of Agency/Brokerage: Contact Person: Mailing Address: City: ______ State: _____ Zip: _____ ____ Email: _____ Fax: Phone: COVERAGE INFORMATION Policy term requested: From: __ _ To: ____ □ 1.000.000 □ 2.000.000 □ 3.000.000 □ 4.000.000 1. Liability Limits: □ 5,000,000 □ 10,000,000 □ Other* *Agent, Please attach Acord umbrella Classification: 2. Sanctioning Body: 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): 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. Producer's Signature (if applicable) Applicant's Signature Applicant's Name (print) Producer's Name (print) Date (MM/DD/YY) Date (MM/DD/YY) 1028 11/11