

Driving Experience Supplemental Application

1. Please list all the vehicle types that are used for the driving school and experience.

2. Who owns the vehicles? _____
3. Who maintains the vehicles? _____
4. Do the vehicles driven by customers have any passenger side controls (i.e. brakes) or other modifications to control drivers use?
Yes ☐ No ☐ If yes, please explain _____
5. Are the vehicles fitted with any other additional safety features? Yes ☐ No ☐ If yes, please explain

6. Do Instructors ride with the customers?
Yes ☐ No ☐ If no, please explain when they do not _____
7. What age limit is there as respects who can be in the car during an Experience? _____
8. What age limit is there for participants driving the car? _____
9. Do you require a valid driver's license in order to operate vehicles during an Experience? Yes ☐ No ☐
10. Is any form of Breathalyzer administered before allowing a driver to enter a vehicle for an on track experience?
Yes ☐ No ☐
11. Is the waiver being signed by a participant being provided by the insurance company? Yes ☐ No ☐
12. Are there limitations on maximum speeds allowed? Yes ☐ No ☐ If Yes, please
provide _____
13. On what type of tracks do these experiences take place? Oval: Yes ☐ No ☐ Road Course: Yes ☐ No ☐
Temporary: Yes ☐ No ☐ Public Roads: Yes ☐ No ☐ Parking Lot: Yes ☐ No ☐

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the questionnaire 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

Applicant's Name (Print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (Print)

Date (MM/DD/YY)

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