

I. SANCTIONING BODY, ASSOCIATION OR CLUB MEMBERSHIP – ATTACH RACING SCHEDULE
(check all that apply)

NASCAR	<input type="checkbox"/> Cup	<input type="checkbox"/> Xfinity	<input type="checkbox"/> Truck	<input type="checkbox"/> NASCAR OTHER: _____	
INDY CAR	<input type="checkbox"/> Indy Car	<input type="checkbox"/> Lights	<input type="checkbox"/> Pro Mazda	<input type="checkbox"/> USF2000	<input type="checkbox"/> Indy Car OTHER: _____
NHRA	<input type="checkbox"/> Top Fuel	<input type="checkbox"/> Funny Car	<input type="checkbox"/> Pro Stock	<input type="checkbox"/> Bikes	<input type="checkbox"/> NHRA OTHER: _____
IHRA	<input type="checkbox"/> Top Fuel	<input type="checkbox"/> Funny Car	<input type="checkbox"/> Pro Stock	<input type="checkbox"/> Bikes	<input type="checkbox"/> IHRA OTHER: _____
IMSA	<input type="checkbox"/> DPi	<input type="checkbox"/> LMP 2-3	<input type="checkbox"/> GTD Pro	<input type="checkbox"/> GTD	<input type="checkbox"/> IMSA OTHER: _____
SCCA	<input type="checkbox"/> Speed Challenge		<input type="checkbox"/> Pro Mazda	<input type="checkbox"/> Formula	<input type="checkbox"/> SCCA OTHER: _____
OFF ROAD	<input type="checkbox"/> BITD	<input type="checkbox"/> SCORE	<input type="checkbox"/> LOORS	<input type="checkbox"/> OTHER: _____	
Rally	<input type="checkbox"/> NRX	<input type="checkbox"/> ARA	<input type="checkbox"/> NRX-EV	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> AMA	<input type="checkbox"/> APBA/SBI/OSS/OPA		<input type="checkbox"/> ARCA	<input type="checkbox"/> ASA	<input type="checkbox"/> BMW Formula
<input type="checkbox"/> ARX	<input type="checkbox"/> NRX	<input type="checkbox"/> NRX-E-	<input type="checkbox"/> NASA	<input type="checkbox"/> NOPI	<input type="checkbox"/> NPTA
<input type="checkbox"/> UMP-EXTREME	<input type="checkbox"/> USAC	<input type="checkbox"/> Vintage	<input type="checkbox"/> WISSOTA	<input type="checkbox"/> WKA	<input type="checkbox"/> WOO

OTHER (please indicate): _____

II. COMPETITION/SHOW VEHICLE & EQUIPMENT

- a. Will insured vehicle(s) ever be loaned to or rented to others? ☐ Yes ☐ No If yes, explain: _____
- b. Are competition vehicles licensed for public road use? ☐ Yes ☐ No
- c. Will insured equipment be used for non-racing activities? ☐ Yes ☐ No If yes, explain: _____

OFF-ROAD

- a. Is the Pre-Runner licensed for Public Road use? ☐ Yes ☐ No
- b. Is the Pre-Runner hauled? ☐ Yes ☐ No
- c. Attach Photos of Pre-Runner Vehicle

Note: No coverage applies to the Pre-Runner when it is being driven/operating under its own power.

TRAILER

- a. Is insured vehicle permanently stored in/on trailer? ☐ Yes ☐ No
- b. Type of trailer? ☐ Open ☐ Enclosed
- c. Is the trailer equipped with an alarm system? ☐ Yes ☐ No

MOTORSPORTS OFF-TRACK AND STORAGE SUPPLEMENTAL

Use in conjunction with ACORD Equipment Floater Application

ADDITIONAL UNDERWRITING

- a. If stored in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location? ☐ YES ☐ NO

If yes, please describe: _____

- b. List any other precautions that have been taken to reduce loss to insured items:

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this supplemental form 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 accurate.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)