

RACING OWNERS & SPONSORS LIABILITY WITH TESTING QUESTIONNAIRE

Insured Name _____
Doing Business As: _____
Years in business: _____ Years of racing experience: _____
E-Mail Address: _____ Website Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other _____

COVERAGE INFORMATION

Policy Term Requested: _____ to _____

1. Liability Limits Desired: ☐ 1,000,000 ☐ 2,000,000 ☐ 3,000,000 ☐ 4,000,000 ☐ 5,000,000 ☐ 10,000,000 ☐ Other _____
2. Sanctioning Body: _____
3. Number of Competition Vehicles entered in each racing event: _____ Estimated Number of Events: _____
4. Please attach your schedule of Racing Events –**REQUIRED (provide, event if tentative)**
5. Primary Testing coverage required? ☐ YES ☐ NO Estimated Number of Testing Sessions: _____
6. Driver(s) Name(s): _____ Drivers Age: _____
Racing Experience: _____
7. Additional Insured(s) to be listed on policy: (If additional space is needed, please list and attach separate sheet.)
Sponsor(s), Owner(s), Driver(s): _____ Relationship to Team: _____

8. Describe any Racing/Owners Sponsors Liability claims in past 4 years: _____

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)