

I. OPERATIONS

Type of Product: _____ ☐ Manufactured ☐ Assembled ☐ Distribute
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Racing Product is intended for: ☐ Road Racing ☐ Drag Racing ☐ Karting
☐ Oval (Stock Car) ☐ Motocross ☐ Rally/Desert Off-Road ☐ Oval (Open Wheel)
☐ Other (please explain): _____

Has the applicant ever had any form of insurance cancelled or declined?..... ☐ YES ☐ NO
(not applicable in Missouri)

Have any of your products been subject to a recall? ☐ YES ☐ NO

Have any of your products been discontinued? ☐ YES ☐ NO

Do you manufacture products for any other industry besides automotive?..... ☐ YES ☐ NO

Explain your quality control procedures: _____

Person responsible for quality control: _____

Gross sales: _____ Percentage from racing: _____ Percentage for public: _____

Product(s) installed: _____

Are any products installed that are manufactured by other companies?..... ☐ YES ☐ NO

Are any waivers or "hold harmless" agreements signed when performing installation?..... ☐ YES ☐ NO

Do any companies provide installation on your behalf? ☐ YES ☐ NO

Is there insurance coverage documentation for those companies? (please provide with this application)..... ☐ YES ☐ NO

II. MANAGEMENT

Owner Name(s): _____ Years Owning this business: _____

Other Businesses Owned: _____ Years: _____

III. COVERAGE REQUESTED

Liability Limit: _____ Excess Liability Limit: _____

Will others be added as Additional Insureds? _____ ☐ YES ☐ NO

Additional Insured Name	Address	Interest

PRODUCT LIABILITY SUPPLEMENTAL

Use in conjunction with an ACORD Application

IV. INSURANCE COVERAGE HISTORY

Is the expiring policy a "Claims Made" policy?..... ☐ YES ☐ NO

If yes, is there an Extended Reporting Period? ☐ YES ☐ NO

What is the expiration date of the Extended Reporting Period? _____

Do you desire coverage for prior acts?..... ☐ YES ☐ NO

Have you ever been involved in a Product Liability suit or claim? ☐ YES ☐ NO

If yes, please provide the following for the previous 3 years: _____

YEAR	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES	DESCRIBE LOSSES

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

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