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 California License #0334819

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: _____

City: _____ State: _____ Zip: _____

Street Address (if different than mailing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Email: _____

Person is: Owner Promoter Agent Other: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Name of Agency/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

COVERAGE INFORMATION

Policy term requested: From: _____ To: _____

1. Liability Limits: 1,000,000 2,000,000 3,000,000 4,000,000
 5,000,000 10,000,000 Other* _____ **Agent, Please attach Acord umbrella*

2. Sanctioning Body: _____ Classification: _____

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): _____ Drivers Age: _____
 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.

Applicant's Signature _____

Producer's Signature (if applicable) _____

Applicant's Name (print) _____

Producer's Name (print) _____

Date (MM/DD/YY) _____

Date (MM/DD/YY) _____