



MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

Name of Insured (as it will appear on policy): _____

Doing Business as: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____ Website Address: _____

Policy term requested From: _____ To: _____

COVERAGE INFORMATION

1. Liability Limits Desired: _____

2. Sanction/Affiliation/Classification: _____ Racing Series: _____

3. Number of Competition Vehicles Entered: _____

4. Estimated Number of Events: _____ Schedule of Racing Events (please attach)

5. Promotion/Activities not related to competition event: _____

6. Describe Liability Claims incurred in the previous five years: _____

7. Driver's Name: _____ Experience: _____

8. Additional Insured(s to be listed on policy) Relationship to team
[Sponsor(s), Owner(s), Driver(s)]

ADDITIONAL COVERAGE INFORMATION REQUESTED

Off-Course & Storage: All perils protection while the competition vehicle and the team's items are transported and stored.

Race Team Coverages: General Liability, Building, Contents, Business Auto including Tractors/Trailers and other business related insurance coverages.

- Products Liability:**
- Prize Indemnity Insurance:**

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE REQUESTED AND THAT THE APPLICATION WILL BECOME A PART OF ANY CONTRACT OF INSURANCE ENTERED INTO, ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REREPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THE APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MADE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

Date

Signature of Insured

Title

By signing above, I authorize Jones Brown Inc., in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.