



MOTORSPORTS OFF-COURSE AND STORAGE APPLICATION

All questions **MUST** be fully answered.

1. Full Name of Insured as it is to appear on policy: _____

Mailing Address: _____

City: _____ Province: _____ PC _____

Contact Person: _____ Title: _____

Business Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

2. Sanctioning Body, Association or Track associated with: _____

Please List: _____

Specify Class of Vehicle(s): (Classification **must** be listed for quote).

Type of Competing Vehicle and/or Class.

Type of trailer: Open Closed

Description: _____

*"Note: Policy will be automatically renewed at expiration subject to underwriting eligibility.
Rates and coverage subject to change.*

UNDERWRITING CRITERIA

1. Primary storage location address: _____

City: _____ Province: _____ PC _____

Description of Building: _____

Construction: Wood Framing Concrete Block Metal Framing
 Poured Concrete/Steel Other

Doors: How Many? _____ Locked? Yes No

Windows: How Many? _____ Locked? Yes No

Is building alarmed? Yes No

If Yes, is it monitored by an outside alarm company? Yes No

Name of alarm company: _____

Is there a sprinkler system? Yes No

Is there a smoke alarm? Yes No

If Yes, is it monitored by an outside alarm company? Yes No

Name of alarm company: _____

2. Are flammables stored in garage? Yes No

If Yes, what quantity? _____

If Yes, please list and describe precautions taken to reduce chance of fire: _____

3. Will any insured vehicle ever be loaned or rented to others? _____

If Yes, explain: _____

4. Are any insured vehicles permanently stored in/on trailers? _____

Type of trailers: _____

Is the trailer alarmed? Yes No

Type of alarm: _____

State any other precautions taken to prevent theft: _____

5. List any other precautions that have taken to reduce chance of loss to insured items: _____

6. Prior Carrier Information (new business only):

YEAR	COMPANY	LIMIT OF INSURANCE	LOSSES	PREMIUM
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7. Loss Payee: List any person or entity that is entitled to all or part of insurance proceeds in which it has an interest:

Name: _____ Contact Name: _____

