



1712 Magnavox Way  
 P.O. Box 2338  
 Fort Wayne, Indiana 46801-2338  
 (800) 348-1839 Fax (260) 459-5102  
 www.kandkinsurance.com  
 California License #0334819

# MOTORSPORTS OFF-TRACK & STORAGE APPLICATION

Effective Date of Coverage: \_\_\_\_\_

1. Full Name of Insured as it is to appear on policy: \_\_\_\_\_  
 Doing Business as: \_\_\_\_\_  
 New venture?  Yes  No Date business started: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Website: \_\_\_\_\_

2. Name of Agency (if applicable): \_\_\_\_\_  
 Agent/Broker/Contact Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name(s) of driver(s) on all towing vehicles/transporter:

Driver's Name	Date of Birth	License #	State Issued In

4. Sanctioning body: \_\_\_\_\_ Racing class: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Prior carrier information (new business only) - **(SUBMIT HARD COPY OF LOSS RUNS)**

Year	Company	Limit of Insurance	Losses	Premium

## UNDERWRITING CRITERIA

### 1. BUILDING

a. **PRIMARY** storage location address:

City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Construction:     Wood Frame     Metal Frame  
                            Concrete Block     Poured Concrete/Steel  
                            Fire Resistive     Other \_\_\_\_\_

c. Age of building: \_\_\_\_\_  
*(If over 20 years old, please complete Building Improvements Section)*

d. How far to nearest hydrant: \_\_\_\_\_

e. How far to nearest fire station: \_\_\_\_\_

f. In which type of area is the building located:  
 Commercial     Retail     Residential     Rural

g. How many doors? \_\_\_\_\_ Locked?     Yes     No

h. How many windows? \_\_\_\_\_ Locked?     Yes     No

i. Does building have burglar alarm?     Yes     No

j. If yes, is it monitored by outside alarm company?     Yes     No

k. Type of alarm: \_\_\_\_\_

l. Is there a sprinkler system?     Yes     No

m. Is there a smoke alarm?     Yes     No

n. If yes, is it monitored by outside alarm company?     Yes     No

o. Type of alarm: \_\_\_\_\_

p. Are flammables stored in garage?     Yes     No

q. If yes, please list and describe precautions taken to reduce chance of fire: \_\_\_\_\_  
 \_\_\_\_\_

#### Building Improvements

Wiring                      Date: \_\_\_\_\_  
 Plumbing                      Date: \_\_\_\_\_  
 Heating                      Date: \_\_\_\_\_  
 Roofing                      Date: \_\_\_\_\_  
 Other \_\_\_\_\_              Date: \_\_\_\_\_

a. **SECONDARY** storage location address (if applicable):

City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Construction:     Wood Frame     Metal Frame  
                            Concrete Block     Poured Concrete/Steel  
                            Fire Resistive     Other \_\_\_\_\_

c. Age of building: \_\_\_\_\_  
*(If over 20 years old, please complete Building Improvements Section)*

d. How far to nearest hydrant: \_\_\_\_\_

e. How far to nearest fire station: \_\_\_\_\_

f. In which type of area is the building located:  
 Commercial     Retail     Residential     Rural

g. How many doors? \_\_\_\_\_ Locked?     Yes     No

h. How many windows? \_\_\_\_\_ Locked?     Yes     No

i. Does building have burglar alarm?     Yes     No

j. If yes, is it monitored by outside alarm company?     Yes     No

k. Type of alarm: \_\_\_\_\_

l. Is there a sprinkler system?     Yes     No

m. Is there a smoke alarm?     Yes     No

n. If yes, is it monitored by outside alarm company?     Yes     No

o. Type of alarm: \_\_\_\_\_

p. Are flammables stored in garage?     Yes     No

q. If yes, please list and describe precautions taken to reduce chance of fire: \_\_\_\_\_  
 \_\_\_\_\_

#### Building Improvements

Wiring                      Date: \_\_\_\_\_  
 Plumbing                      Date: \_\_\_\_\_  
 Heating                      Date: \_\_\_\_\_  
 Roofing                      Date: \_\_\_\_\_  
 Other \_\_\_\_\_              Date: \_\_\_\_\_

### 2. COMPETITION/SHOW VEHICLE & EQUIPMENT

- a. Will insured vehicle(s) ever be loaned to or rented to others?     Yes     No  
 If yes, explain: \_\_\_\_\_
- b. Are competition vehicles licensed for public road use?     Yes     No
- c. Will insured equipment be used for non-racing activities?     Yes     No
- d. If Yes, explain \_\_\_\_\_

### 3. TRAILER

- a. Is insured vehicle, and/or equipment permanently stored in/on trailer?     Yes     No  
 if yes, where is trailer stored?     Inside primary storage location     Outside     Other \_\_\_\_\_
- b. Type of trailer?     Open     Enclosed
- c. Is the trailer equipped with an alarm system?     Yes     No

4. Will insured equipment ever be stored away from the track or storage location overnight?     Yes     No  
 if Yes, please describe any additional security measures taken: \_\_\_\_\_

### 5. ADDITIONAL UNDERWRITING

List any other precautions that have been taken to reduce loss to insured items: \_\_\_\_\_

6. If you live in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location?     Yes     No  
 if Yes, please describe briefly: \_\_\_\_\_

# INVENTORY SCHEDULE

1. Competition Vehicle /Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

2. Engines	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

3. Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

4. Equipment (tools, spare parts, etc.) <i>LIST ALL ITEMS OVER \$2,500</i>	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

5. <b>Unscheduled Miscellaneous Equipment</b> ( <i>NOT LISTED ABOVE</i> ) please list total value \$ _____
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# INVENTORY SCHEDULE

(Continued)

6. Souvenir Inventory/Merchandise	Insured Value (replacement value)

7. Trailers	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

8. Motorhomes <i>AVAILABLE FOR MOTORHOMES VALUED OVER \$150,000 ONLY</i>	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

- 9. Desired Deductibles:**
- |                             |                                  |                                  |                                  |                                   |   |
|-----------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---|
| Competition Vehicle/Chassis | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |
| All other items             | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |
| Trailers and Motorhomes     | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |

**10. Loss Payee: (if other than named insured)**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Please identify item(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date