



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 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)