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COMPETITION VEHICLE INSURANCE APPLICATION

Agent: Michael L. Davis, Sr.
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Effective Date of Coverage _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Daytime Phone: () _____ Evening Phone: () _____

Fax: () _____ E-Mail: _____ Website: _____

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

<u>Driver's Name</u>	<u>Date of Birth</u>	<u>License #</u>	<u>State Issued In</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING CRITERIA

All questions *MUST* be fully answered.

PREMISES

Primary storage location address: _____

City: _____ State: _____ Zip: _____

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

Secondary storage location address (if applicable): _____

City: _____ State: _____ Zip: _____

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

Primary Storage

Secondary Storage

Doors:	How many? _____	Locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____	Locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Windows:	How many? _____	Locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____	Locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is building alarmed?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it monitored by outside alarm company?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a sprinkler system?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a smoke alarm?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it monitored by outside alarm company?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are flammables stored in garage?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

COMPETITION VEHICLE & EQUIPMENT

Will insured vehicle(s) ever be loaned to or rented to others? Yes No

If yes, explain: _____

Are competition vehicles licensed for public road use? Yes No
 Will insured equipment be used for personal use? Yes No

TRAILER

Is insured vehicle permanently stored in/on trailer? Yes No
 Type of trailer? Open Enclosed
 Is the trailer alarmed? Yes No

State any other precautions taken to prevent theft: _____

ADDITIONAL UNDERWRITING

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

Prior carrier information

Year	Company	Limit of Insurance	Losses	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOSS PAYEE (if applicable)

Name: _____ Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Please identify item(s): _____

INVENTORY SCHEDULE

(Include competition vehicles, spare parts, tools, etc. to be insured under his policy.)

**Serial numbers or identifying marks *REQUIRED* on the following:
ON ALL VEHICLES, ENGINES and EQUIPMENT (for equipment where applicable)**

If additional space is needed for inventory, please use separate sheet.

1. Competition Vehicle / Kart Chassis	Serial Numbers or Identifying Marks	Price Includes Engine?	Insured Value (Stated Amount)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Equipment (engines, tools, spare parts, etc.)	Serial Numbers or Identifying Marks	Insured Value (Stated Amount)

3. Unscheduled Miscellaneous Equipment (<i>NOT LISTED ABOVE</i>) please list total value \$ _____
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4. Trailers	Serial Numbers	Insured Value (Stated Amount)

5. Desired Deductibles: Competition Vehicle/Chassis \$1,000 \$2,500 \$5,000 \$10,000 Other \$ _____
 All Other Items \$1,000 \$2,500 \$5,000 \$10,000 Other \$ _____

Note: Completed enrollment form and three photos (front, back and side) of competition vehicle are REQUIRED, within 30 days of binding, for file to be complete. If file is NOT complete within 30 days, we will process cancellation.



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)