



MOTORSPORTS OFF TRACK EQUIPMENT APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*



EVEREST



SPECIALTY INSURANCE GROUP™

UNDERWRITING INFORMATION

List names of drivers on all Towing Vehicles/Transporter:

Driver's Name	Date of Birth	License #	State of License	# of Years Driving Experience for Race Teams
Does insured have a tow driver training program?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does insured have a tow vehicle maintenance program?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sanctioning Body	Racing Class

PRIMARY GARAGE INFORMATION

Primary Garage Address:	City:	State:	Zip:
Construction Type: <input type="checkbox"/> Wood or Metal Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Concrete Block <input type="checkbox"/> Fire Resistive			
Age of building*: <i>*If over 30 years old, please list year of updates:</i>			
Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____			
Does building have a burglar alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, is it monitored by an outside company?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a sprinkler system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a smoke alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, is it monitored by an outside company?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a fire alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all windows locked?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are flammables stored in fire cabinets and in isolated areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY GARAGE INFORMATION

Secondary Garage Address:	City:	State:	Zip:
Construction Type: <input type="checkbox"/> Wood or Metal Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Concrete Block <input type="checkbox"/> Fire Resistive			
Age of building*: <i>*If over 30 years old, please list year of updates:</i>			
Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____			
Does building have a burglar alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes to above question, is alarm monitored by an outside company?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Is there a sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a smoke alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, is it monitored by an outside company?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all windows locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are flammables stored in fire cabinets and in isolated areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPETITION & SHOW VEHICLE INFORMATION

Will the insured vehicle(s) ever be loaned or rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are competition vehicles licensed for public road use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will insured equipment be used for non-racing activities? <i>If Yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any insured property permanently stored in/on trailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above question, is trailer opened or enclosed?	<input type="checkbox"/> Opened <input type="checkbox"/> Enclosed
Is the trailer equipped with an alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are the trailers stored?	<input type="checkbox"/> Open Yard <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Garage
Describe security & fire prevention measures taken when equipment is away from the garage location:	

INVENTORY SCHEDULE

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

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



C. Show Cars	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value (excluding engine)

D. Equipment (tools, spare parts, etc.) <i>LIST ALL ITEMS OVER \$5,000</i>	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

E. Unscheduled Miscellaneous Equipment (NOT LISTED ABOVE) total value:

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



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

H. Motorhomes	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

DESIRED DEDUCTIBLES

Competition Vehicle/Chassis	<input type="checkbox"/> \$500	<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"/> \$500	<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"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other: \$ _____



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
11. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.