



MOTORSPORTS RACE TEAM APPLICATION

BROKER INFORMATION

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

GENERAL APPLICANT INFORMATION

Business Name:			
Address:		City:	State: Zip:
Contact Person:			
Contact Information:	Phone #	Fax #	
	E-Mail:	Website:	
Location (if different)		City:	State: Zip:
Facility Name (if different)			

POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Event Date:		Event Time (s):			
Previous Insurance Carrier:		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:			
Policy Term:	Year:	Year:	Year:	Year:	Year:
Limits:					
Annual Premium:					
*Incurred Losses /Claims under insurance policy:					

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

COVERAGE AND LIMITS

Coverage Type	Limit Type: Occurrence/Event/Prize Value	Limit Amount	Aggregate	Deductible	Other

UNDERWRITING INFORMATION

Name of Race Team:			
Does the team own any private passenger vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a completed ACORD Auto Application including the Auto Schedule	
Does the team allow the use of employees' personal autos for company business?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the # of employees _____	
Does the team rent vehicles?	Rental Agency Insurance Coverage/Limit	# Rental Days	General Description of Use
	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit:		
Are all drivers covered by workers' compensation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Company Vehicle Policy		Is there a Written Policy regarding the use of company vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees allowed to use company vehicles for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are family members allowed to drive company vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a detailed description of the driver selection process. Please include any tools that are used including MVR's, driver age, validation of driver's license, primary insurance coverage/limits.				
Does the team use any criteria for the MVR screening? i.e. - # of moving violations, accidents, DUI, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the details of the criteria including any actions taken – driver not hired, suspended, warned, etc.		
Does the team have a driving safety/training program?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the driving safety/training program manual		
Vehicle Storage	Location of vehicle storage	Is the storage location protected from fire, theft, vandalism, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in detail:		What is the maximum limit/value of all vehicles stored in any single location? Limit/value: Time frame:
Do any of the team vehicles travel to Canada or Mexico?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in detail:		
Please provide type and description for all vehicles over \$75,000 in value:				
Vehicle Type/description		Vehicle Value		Vehicle Use
Does the team have a vehicle maintenance program?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain in detail:		
Does the team utilize the services of a charter bus company?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the agreement.		
Does the team require that the charter bus company name the team as an additional insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the insurance certificate.		
Does the team own any aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe number, type and use of the aircraft: Please attach a copy of the insurance policy covering the aircraft		
Does the team charter any aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the airline charter agreement.		
Does the team require that the airline charter company name the team as an additional insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the insurance certificate.		



INVENTORY SCHEDULE

Name of Team:

Competition Vehicle/Race Car Chassis Description	List Value of Chassis only – excluding the engine	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Competition Engines - Description	List Value of Engines only –	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Show Cars - Description	List Value of Chassis only – Excluding Engines	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Equipment (Tools, Spare Parts, etc.) - Description of all items over \$2,500	List Value of Equipment – Over \$2,500	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Provide Total Value of all Unscheduled Equipment: (Not Listed Above)	\$
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Souvenir Inventory/Merchandise Description	List Value of Merchandise – Over \$2,500	Provide Replacement Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Trailers - Description	List Value of Trailer	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Motor Homes - Description (Available for Motor Homes valued over \$150,000 Only)	List Value of Motor Home	List Serial Numbers or Identifying Marks	Provide Replacement Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Desired Deductibles					
Deductible Amount:	\$1,000	\$2,500	\$5,000	\$10,000	Other
Competition Vehicle/Chassis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailers & Motor Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loss Payee (if other than the named insured)					
Item Covered by Loss Payee	Name of Loss Payee	Contact Name	Mailing Address: Street Address, City, State & Zip	Phone #	Fax #



Required Information for a Quote

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

1. The Motorsports Race Team Application	<input type="checkbox"/>
2. Race Schedule for Upcoming Year	<input type="checkbox"/>
3. Inventory Schedule	<input type="checkbox"/>
4. Promotional Schedule for Upcoming Year	<input type="checkbox"/>
5. #125 ACORD Applicant Information	<input type="checkbox"/>
6. #140 ACORD Property Section	<input type="checkbox"/>
7. #127 ACORD Business Auto Section (State Specific)	<input type="checkbox"/>
8. #131 ACORD Umbrella Section	<input type="checkbox"/>
9. #126 ACORD General Liability	<input type="checkbox"/>
10. 5 Year Hard Copy Loss Runs – currently valued	<input type="checkbox"/>
11. Copy of Driving Safety Training Program Manual	<input type="checkbox"/>
12. Charter Bus Agreement and Certificate of Insurance	<input type="checkbox"/>
13. Copy of Aircraft Policy, Airline Charter Agreement, Certificate of Insurance	<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#: _____