



MOTORSPORTS SPONSOR'S LIABILITY 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 for sponsoring an event or activity:					

*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, etc.	Limit Amount	Aggregate	Deductible/SIR	Other

UNDERWRITING INFORMATION

Name of Sponsor:		
For those events sponsored by the insured, are event promoters required to provide certificates of insurance for liability coverage showing the Named Insured as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the minimum required limit of liability: 		
Current General Liability insurance carrier Information:		
Name of Insurance Carrier	General Liability Policy Limits	
Annual Sponsorship Expenditures:		
All Motorsports events	Events with anticipated attendance > 1,000,000	All other sponsorship expenditures



SPONSOR'S LIABILITY
Previous Sponsored Activities – Prior Policy Year

Name of Sponsor:			Sponsor Year:	
Event Date	Name of Event	Event Description	Approximate Spectator Attendance	Insured Controlled Event?
				<input type="checkbox"/>
				<input type="checkbox"/>
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SPONSOR'S LIABILITY
Planned Sponsored Activities – Upcoming Policy Year

Name of Sponsor:			Sponsor Year:	
Event Date	Name of Event	Event Description	Approximate Spectator Attendance	Insured Controlled Event?
				<input type="checkbox"/>
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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 Sponsor's Liability Application	<input type="checkbox"/>
2. Event Schedule for Prior Year	<input type="checkbox"/>
3. Event Schedule for Upcoming Year	<input type="checkbox"/>
4. 5 Year Hard Copy Loss Runs – currently valued	<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 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#: _____