



MOTORSPORTS ON-TRACK PHYSICAL DAMAGE 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
- If other named insureds are to be included, attach list and describe operations of each
- A copy of each driver's state and competition license (i.e. front and back)
- 3 color photos of each race vehicle (i.e. engine compartment, front/side view and rear/side view)
- If any are listed in the equipment schedule above, a color photo of each trailer

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™

Drivers

Please provide the following information for each driver:

Driver	Name	Date of Birth	State Driver's License #	Competition License #
1				
2				
3				
4				
Driver	Years Comp. Lic. Held	Association (e.g. NHRA, IHRA)	Association Membership	Expiration Date
1				
2				
3				
4				

Has any driver's state or competition license been suspended or revoked within the last 5 years? Yes No If yes, please explain:

Race Vehicles

Estimated number of sanctioned events planned in the next 12 months:

Please provide the following information for EACH race vehicle

Vehicle	Year	Make	Model	Chassis Tag/VIN #	
1					
Vehicle	Chassis Mfg	Date Built	Chassis Material	Chassis Certification #	Chassis Cert Exp Date
1					
Vehicle	Class Vehicle Runs In	Max E.T.	Engine Mfg	CID	HP
1					
Vehicle	Transmission Mfg	Transmission Type	Converter Type	Wheelbase Length	
1		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual			
Vehicle	Blower?	Supercharger?	Nitro Methane Injected?	Rear-end Center Mfg	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle	Used on Public Roads?	Stated Amount Physical Damage (Max Insured Value of Vehicle)			
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Vehicle	Year	Make	Model	Chassis Tag/VIN #	
2					
Vehicle	Chassis Mfg	Date Built	Chassis Material	Chassis Certification #	Chassis Cert Exp Date
2					
Vehicle	Class Vehicle Runs In	Max E.T.	Engine Mfg	CID	HP
2					
Vehicle	Transmission Mfg	Transmission Type	Converter Type	Wheelbase Length	
2		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual			
Vehicle	Blower?	Supercharger?	Nitro Methane Injected?	Rear-end Center Mfg	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle	Used on Public Roads?	Stated Amount Physical Damage (Max Insured Value of Vehicle)			
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			

EQUIPMENT SCHEDULE

Item	Description	Serial Number	Value
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$



EVEREST



SPECIALTY INSURANCE GROUP™

TRANSIT AND STORAGE

Estimated number of transits in the next 12 months:			
Storage Address:			
Street:	City:	State:	Zip:
Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive			
Security: <input type="checkbox"/> Central Station Burglar Alarm <input type="checkbox"/> Local Burglar Alarm <input type="checkbox"/> Surveillance Camera <input type="checkbox"/> Guard Dog(s) <input type="checkbox"/> Security Guard(s) <input type="checkbox"/> Other Describe:			

PLANNED SCHEDULE OF EVENTS (INCLUDING PRIVATE TEST SESSIONS)

	Date	Track Name and Location	Event Type			
1.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
2.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
3.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
4.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
5.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
6.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
7.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
8.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
9.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
10.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
11.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
12.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
13.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
14.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
15.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
16.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
17.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
18.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
19.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
20.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
21.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
22.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
23.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
24.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER:
25.			<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<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 each driver's state and competition license (i.e. front and back)	<input type="checkbox"/>
12. 3 color photos of each race vehicle (i.e. engine compartment, front/side view and rear/side view)	<input type="checkbox"/>
13. If any are listed in the equipment schedule above, a color photo of each trailer	<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.