



MOTORSPORTS OFF-TRACK AND STORAGE QUESTIONNAIRE

Effective Date of Coverage: _____

I. APPLICANT INFORMATION

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

Doing Business As: _____

New Venture? YES NO Date Business Started: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Email: _____

Website URL: _____

II. AGENCY INFORMATION (if applicable)

Name Of Agency: _____

Agent/Broker/Contract Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Email: _____

III. DRIVER INFORMATION (list drivers for all towing/transporter vehicles)

| Driver Name | Date of Birth | License # | Issue State |
|-------------|---------------|-----------|-------------|
| | | | |
| | | | |
| | | | |

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this questionnaire 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 accurate.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

IV. PRIOR CARRIER INFORMATION (new business only) – attach loss runs

V. SANCTIONING BODY, ASSOCIATION OR CLUB MEMBERSHIP (check all that apply)

| | | | | | |
|-------------------------------|---|------------------------------------|------------------------------------|--|--|
| NASCAR | <input type="checkbox"/> Cup | <input type="checkbox"/> Xfinity | <input type="checkbox"/> Truck | <input type="checkbox"/> NASCAR other: _____ | |
| INDY CAR | <input type="checkbox"/> Indy Car | <input type="checkbox"/> Lights | <input type="checkbox"/> Pro Mazda | <input type="checkbox"/> USF2000 | <input type="checkbox"/> Indy Car other: _____ |
| NHRA | <input type="checkbox"/> Top Fuel | <input type="checkbox"/> Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Bikes | <input type="checkbox"/> NHRA other: _____ |
| IHRA | <input type="checkbox"/> Top Fuel | <input type="checkbox"/> Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Bikes | <input type="checkbox"/> IHRA other: _____ |
| IMSA | <input type="checkbox"/> DP1 | <input type="checkbox"/> L<P 2-3 | <input type="checkbox"/> GTD Pro | <input type="checkbox"/> GTD | <input type="checkbox"/> IMSA other: _____ |
| SCCA | <input type="checkbox"/> Speed Challenge | | <input type="checkbox"/> Pro Mazda | <input type="checkbox"/> Formula | <input type="checkbox"/> SCCA Other: _____ |
| OFF ROAD | <input type="checkbox"/> BITD | <input type="checkbox"/> SCORE | <input type="checkbox"/> LOORS | <input type="checkbox"/> OTHER: _____ | |
| <input type="checkbox"/> AMA | <input type="checkbox"/> APBA/SBI/OSS/OPA | | <input type="checkbox"/> ARCA | <input type="checkbox"/> ARA | <input type="checkbox"/> BMW Formula |
| <input type="checkbox"/> NRX | <input type="checkbox"/> NRX-EV | <input type="checkbox"/> MTRA | <input type="checkbox"/> NASA | <input type="checkbox"/> NOPI | <input type="checkbox"/> NTPA |
| <input type="checkbox"/> INEX | <input type="checkbox"/> USAC | <input type="checkbox"/> VINTAGE | <input type="checkbox"/> WISSOTA | <input type="checkbox"/> WKA | <input type="checkbox"/> WOO |

VI. UNDERWRITING CRITERIA

PRIMARY storage address: _____

a. Construction:

Wood Frame Metal Concrete Block Poured Concrete/Steel
Fire Resistive Other: _____

- b. Year of Construction: _____
c. Building square footage _____
d. Number of stories _____
e. Year of roof replacement _____
f. How far to the nearest hydrant? _____
g. How far to the nearest fire station? _____

h. In which type of area is the building located?

Commercial Retail Residential Rural

i. How many doors? _____ Locked? YES NO

j. How many windows? _____ Locked? YES NO

k. Does building have a burglar alarm? YES NO
If yes, monitored by outside alarm company? YES NO

l. Type of alarm: _____

m. Is there a sprinkler system? YES NO

n. Is there a smoke alarm? YES NO
If yes, monitored by outside alarm company? YES NO

o. Type of alarm: _____

p. Are flammables stored in garage? YES NO

If yes, please list & describe precautions taken to reduce chance of fire. _____

SECONDARY storage address (if applicable): _____

a. Construction:

Wood Frame Metal Concrete Block Poured Concrete/Steel
Fire Resistive Other: _____

- b. Year of Construction: _____
c. Building square footage _____
d. Number of stories _____
e. Year of roof replacement _____
f. How far to the nearest hydrant? _____
g. How far to the nearest fire station? _____

h. In which type of area is the building located?

Commercial Retail Residential Rural

i. How many doors? _____ Locked? YES NO

j. How many windows? _____ Locked? YES NO

k. Does building have a burglar alarm? YES NO
If yes, monitored by outside alarm company? YES NO

l. Type of alarm: _____

m. Is there a sprinkler system? YES NO

n. Is there a smoke alarm? YES NO
If yes, monitored by outside alarm company? YES NO

o. Type of alarm: _____

p. Are flammables stored in garage? YES NO

If yes, please list & describe precautions taken to reduce chance of fire. _____



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VII. COMPETITION/SHOW VEHICLE & EQUIPMENT

- a. Will insured vehicle(s) ever be loaned to or rented to others? YES NO If yes, explain: _____
- b. Are competition vehicles licensed for public road use? YES NO
- c. Will insured equipment be used for non-racing activities? YES NO If yes, explain: _____
- d. Attach photos of competition vehicles.

OFF-ROAD

- a. Is the Pre-Runner licensed for Public Road use? YES NO
- b. Is the Pre-Runner hauled? YES NO
- c. Attach Photos of Pre-Runner Vehicle

Note: No coverage applies to the Pre-Runner when it is being driven/operating under its own power.

TRAILER

- a. Is insured vehicle permanently store in/on trailer? YES NO
- b. Type of trailer? Open Closed
- c. Is the trailer equipped with an alarm system? YES NO

VIII. ADDITIONAL UNDERWRITING

If stored in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location? YES NO If yes, please describe:

List any other precautions that will be taken to reduce loss to insured items:

IX. ATTACH RACING SCHEDULE



MOTORSPORTS OFF-TRACK AND STORAGE QUESTIONNAIRE

| | | |
|------------------------------|--------------|--|
| <i>Insurance Agency, LLC</i> | | |
| | TOTAL | |

5. **Unscheduled Miscellaneous Equipment** please list total value \$ _____

| 6. Souvenir Inventory/Merchandise | Agreed Value |
|-----------------------------------|--------------|
| | |
| | |
| | |
| TOTAL | |

| 7. Trailers | Serial Numbers or Identifying Marks (REQUIRED) | Agreed Value |
|-------------|--|--------------|
| | | |
| | | |
| | | |
| | | |
| | TOTAL | |

| 8. Motorhomes <i>AVAILABLE FOR MOTORHOMES VALUED OVER \$150,000 ONLY</i> | Serial Numbers or Identifying Marks (REQUIRED) | Agreed Value |
|---|--|--------------|
| | | |
| | | |
| | | |
| | TOTAL | |

| 9. Desired Deductibles | | | | | |
|-----------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---|
| Competition Vehicle/Chassis | <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"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |
| Trailers | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |
| Motorhomes | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ _____ |

| | | | |
|--|--|---------------|-------------|
| 10. Loss Payee (if other than named insured): | | | |
| Name: | | Contact Name: | |
| Mailing Address: | | City: | State: Zip: |
| Phone: | | Fax | |
| Please identify items: | | | |