



MOTORSPORTS GENERAL APPLICATION

GENERAL INFORMATION

Name of Insured (as it will appear on policy): _____

Doing Business as: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Position: _____

Phone No.: () _____ Fax No.: () _____

Website Address: _____ E-Mail Address: _____

1. Nature of operations/description of event: _____

2. Insured is: Corporation Partnership Not-for-Profit Club or Assoc. Person

3. Policy Effective Date: _____ Expiry Date: _____

4. Estimated number of events and activities: _____ (attach schedule)

5. Do you intend to have your non-events operations liability insured on an annual basis or just purchase coverage for only the specific events? Annual: _____ Events only: _____

6. What limit of liability do you require? \$1,000,000 \$2,000,000 \$5,000,000

7. Do your events have alcohol sales? Yes No

(If no, skip to Question 8)

If yes, are the license and/or sales controlled by you? Yes No

(If yes, complete and return the completed and signed liquor application)

If not licensed and controlled by you, provide a certificate of insurance from the license holder showing your organization as an additional insured.

Estimated alcohol gross receipts: \$ _____

8. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
Yes No (please explain) _____

9. As respects to your operation(s), what types of contracts do you enter into? _____

a. Does the named insured assume liability for the other party? Yes No

Provide copies of all contracts of this type.

b. Does the other party assume the Named Insured's liability? Yes No

Provide certificates of insurance evidencing this.

c. Does each party assume its own liability? Yes No

PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:

Name of insurance company: _____

Policy Expiry date: _____

Policy Limits: _____

Policy Premium: _____

2. Has this type of insurance ever been: Canceled Declined Non-Renewed

3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):

I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, JONES BROWN INC. IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY STONERIDGE SPECIALTY INSURANCE SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize StoneRidge Specialty Insurance, in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to :
StoneRidge Specialty Insurance
195 Franklin Boulevard, Suite 6
Cambridge, Ontario
N1R 8H3

Telephone No.: 1-226-318-1744
Fax: 1-905-648-7399
Email: Motorsports@StoneRidgeInsurance.ca