



# MOTORSPORTS OFF-COURSE AND STORAGE APPLICATION

All questions **MUST** be fully answered.

1. Full Name of Insured as it is to appear on policy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Sanctioning Body, Association or Track associated with:

Please List: \_\_\_\_\_

Specify Class of Vehicle(s): (Classification **must** be listed for quote).

Type of Competing Vehicle and/or Class.

\_\_\_\_\_  
\_\_\_\_\_

Type of trailer:  Open  Closed

Description: \_\_\_\_\_  
\_\_\_\_\_

"Note: Policy will be automatically renewed at expiration subject to underwriting eligibility.  
Rates and coverage subject to change.



6. Prior Carrier Information (new business only):

YEAR	COMPANY	LIMIT OF INSURANCE	LOSSES	PREMIUM

7. Loss Payee: List any person or entity that is entitled to all or part of insurance proceeds in which it has an interest:

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Desired Deductible:     \$1,000             \$2,500             \$5,000             \$10,000

**INVENTORY LIST**

(Include race vehicles, trailers\*, spare parts, engines, tools, etc. to be insured under this policy.  
Each item over \$2500 in value must be listed separately; items under \$2500 may be listed within sub-group

\*Only list trailer if insured by this policy

If additional space needed for inventory, please use separate sheet.

MODEL/YEAR ITEM DESCRIPTION	SERIAL NUMBER OR IDENTIFYING MARKS	AGREED VALUE
<b>TOTAL:</b>		

This enrolment form shall not be binding with the company unless and until a contract of insurance shall be issued and delivered in accordance herewith, and then only as of the commencement date of said insurance and in accordance with all terms thereof, and the said applicant hereby covenants and agrees to and with the company that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and condition of this insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Coverage cannot be bound without the applicant's signature above:

Note: Photos of the Insured are required within 30 days of binding. The failure to provide the requested photographs will result in cancellation of the policy.