



# MOTORSPORTS RACE TEAM LIABILITY APPLICATION

## General Information

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

Doing Business as: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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

## Coverage Information

- Liability Limits Desired:  \$1,000,000  \$2,000,000  \$5,000,000
- Sanction/Affiliation/Classification: \_\_\_\_\_ Racing Series: \_\_\_\_\_
- Number of Competition Vehicles Entered: \_\_\_\_\_
- Estimated Number of Events: \_\_\_\_\_ Schedule of Racing Events (please attach)
- Promotion/Activities not related to competition event: \_\_\_\_\_
- Describe Liability Claims incurred in the previous five years: \_\_\_\_\_
- Driver's Name: \_\_\_\_\_ Experience: \_\_\_\_\_
- Additional Insured(s to be listed on policy) [Sponsor(s), Owner(s), Driver(s)] \_\_\_\_\_ Relationship to team \_\_\_\_\_

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9. Under the Named Insured, do you engage in any business operations other than your race team? Yes \_\_\_ No\_\_\_

If yes, please respond to the following:

Description of events: \_\_\_\_\_

Names(s) under which the business operates/Insurance company name:

\_\_\_\_\_

10. Do you manufacture for others, sell, lease and/or rent vehicles, engines or related parts and equipment Yes \_\_\_No\_\_\_

If yes, provide annual gross receipts: \$\_\_\_\_\_

If yes, provide copy of sale/rental agreement

11. Do you service or repair vehicles and equipment other than your own? Yes \_\_\_ No\_\_\_

If yes, provide annual gross receipts: \$\_\_\_\_\_

If yes, provide copy of service/repair agreement

*Do you intend for your sales, service and repair operations to be insured for Products and Completed operations liability insurance? Our Race Team policies exclude Products and Completed Operations for customer sales, service and repair. Coverage may be available for additional premium. A separate application may be required.*

#### Additional Coverage Information Requested

- Off-Course & Storage:** All perils protection while the competition vehicle and the team's items are transported and stored.
- Race Team Coverages:** General Liability, Building, Contents, Business Auto including Tractors/Trailers and other business related insurance coverages.
- Products Liability:**
- Prize Indemnity Insurance:**

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, STONERIDGE SOPECIALTY INSURANCE IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCEWITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETRMINING 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, Unit 6  
Cambridge, Ontario  
N1R 8H3

Telephone No.: 1-226-318-1744  
Fax: 1-905-648-7399  
Email: [Motorsport@stoneridgeinsurance.ca](mailto:Motorsport@stoneridgeinsurance.ca)