



MOTORSPORTS RACE TEAM OWNERS & SPONSORS LIABILITY APPLICATION

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

1. Liability Limits Desired: \$1,000,000 \$2,000,000 \$5,000,000

2. Sanction/Affiliation/Classification: _____ Racing Series: _____

3. Number of Competition Vehicles Entered: _____

4. Estimated Number of Events: _____ Schedule of Racing Events (please attach)

5. Promotion/Activities not related to competition event: _____

6. Describe Liability Claims incurred in the previous five years: _____

7. Driver's Name: _____ Experience: _____

8. Additional Insured(s to be listed on policy) Relationship to team
[Sponsor(s), Owner(s), Driver(s)]

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.

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
1336 Sandhill Drive, Suite 4
Ancaster, Ontario
L9G 4V5
Telephone No.: 1-226-318-1744
Fax: 1-905-648-7399
Email: Motorsports@StoneRidgeSpecialty.ca