



RACE TEAM SPECIALISTS

SECTION I - GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Name of Applicant: _____	Requested Effective Date: _____
	DBA: _____	
	<i>(If applicable, include DBA or Trade Name)</i>	
2.	Mailing Address: _____	
	<i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State) (Zip Code)</i>
3.	Web Site Address: _____	
4.	Contact Name: _____	Title: _____
	Phone: _____	Fax: _____ E-mail: _____
5.	Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): _____	

SECTION II – DRIVERS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide the following information for each Driver:				
Driver	Name	D/O/B	State Drivers License #	Competition License #
1				
2				
Driver	Yrs Competition Lic Held	Association (e.g. NHRA, IHRA)	Association Membership	Expiration Date
1				
2				
2. Has any scheduled Driver's State or Competition License been suspended or revoked within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III – RACE VEHICLES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide the following information for each Race Vehicle (Separate application for each vehicle)						
Vehicle	Year	Make	Model	Chassis Tag/Vin #		
1						
Vehicle	Chassis Mfg	Date Built	Chassis Material	Chassis Certification #	Chassis Cert Exp Date	
1						
Vehicle	Class Vehicle Runs In		Max E.T.	Engine Mfg	CID	HP
1						
Vehicle	Transmission Mfg	Transmission Type		Converter Type	Wheelbase Length	
1		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual				
Vehicle	Blower?	Supercharger?	Nitro Methane Injected?		Rear-end Center Mfg	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle	Used on Public Roads?	Stated Amount Physical Damage (Maximum Insured Value of Vehicle)				
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____				
2. Estimated number of sanctioned events planned in the next 12 months: _____ (PLEASE COMPLETE PAGE 3)						

SECTION IV – EQUIPMENT SCHEDULE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

Item	Description	Serial Number	Value
1			\$
2			\$
3			\$
4			\$
5			\$
FOR ADDITIONAL ITEMS, PLEASE ATTACH A SCHEDULE			

SECTION V – TRANSIT & STORAGE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Estimated number of transits in the next 12 months: _____ (PLEASE COMPLETE PAGE 3)

2. Storage Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

3. Building Construction: Frame Joisted Masonry Non-combustible
 Masonry Non-Combustible Modified Fire Resistive Fire Resistive

4. Security: Central Station Burglar Alarm Local Burglar Alarm Surveillance Camera(s) Guard Dog(s)
 Security Guard(s) Other **(Describe)**: _____

SECTION VI – PRIOR INSURANCE

1. **Please provide the Insurance Company Names and your Values, Deductibles and Premiums for the last 3 years:**

Policy Year	Insurance Company Name	Total Value	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the last 3 years, has your Insurance been Declined, Cancelled or Non-renewed? Yes No
If yes, please explain: _____

SECTION VII – CLAIM HISTORY

1. **Please provide details for the last 3 years. If none, please state: none**

Date of Claim	Description of Loss	Open/Closed?	Amount of Claim
			\$
			\$
			\$

PLEASE ATTACH A COPY OF EACH TO THIS APPLICATION:

1. A COPY OF EACH DRIVER'S STATE AND COMPETITION LICENSE (I.E. FRONT AND BACK).
2. 3 COLOR PHOTOS OF EACH RACE Vehicle (I.E. ENGINE COMPARTMENT, FRONT/SIDE VIEW AND REAR/SIDE VIEW).
3. IF ANY ARE LISTED IN THE EQUIPMENT SCHEDULE ABOVE, A COLOR PHOTO OF EACH TRAILER.

Any Policy quoted may be subject to a Minimum Policy Premium.

APPLICANTS WARRANTY: Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. This application will become part of any policy issued. The provision of false information is an application for insurance is insurance fraud, which is a crime in many states.

 Applicant's Signature Date

 Applicant's Name (Please Print) Title

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE

PLANNED SCHEDULE OF EVENTS (INCLUDING PRIVATE TEST SESSIONS)

	DATE	YR	TRACK NAME & LOCATION				
1.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
2.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
3.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
4.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
5.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
6.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
7.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
8.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
9.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
10.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
11.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
12.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
13.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
14.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
15.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
16.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
17.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
18.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
19.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
20.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
21.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
22.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
23.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
24.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____
25.	_____	_____	_____	<input type="checkbox"/> NHRA	<input type="checkbox"/> IHRA	<input type="checkbox"/> PDRA	<input type="checkbox"/> OTHER _____