

MOTORSPORTS INSURANCE PHYSICAL DAMAGE APPLICATION

Drag Racing-Off Course Coverage

Gulfway Insurers of Hudson, Inc.

12701 U.S. Highway 19

Bayonet Point, FL 34667

Phone (800) 940-5010 or (727) 863-5451 Fax (727) 862-3003

Email: Staff@racensur.com

Office use: Quote Date	Annual Premium\$ _____	Deposit Premium\$ _____	Effective Date
Applicant:			Married Yes__ No__
Mailing Address:			
City:	State:	Zip:	
Residence Address (if different)			
City:	State:	Zip:	
Contact Person:	Cell:()	NHRA & or IHRA License #	
Home Phone:()	Business:()	Fax:()	
Email Address:			
Occupation:	Employer's Name:		
Employer's Address:	City:	State:	Zip:
Drivers License #	Date of Birth:	Lic. State:	

Policy Deductible	\$1000 _____	\$2,500 _____	\$5,000 _____	Other \$ _____
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RACE CAR (ATTACH PHOTO)

Mfg Year	Model Year	Make & Model	Class
Chassis Cert. #	Date of Cert.	Chassis Mfg.	Chassis Material: Mild Steel__ Chromoly__
Motor Type	Heads	Cu. In.	Wheel Base
Fuel Used: Gas__ Alcohol__ Nitro__ Nitrous__		Fuel System: Electric__ Manual__ Type_____	
Ignition: MSD__ Mallory__ Accell__ Other_____		Third Member: Cast__ Aluminum__ Battery On/Off Switch Yes__ No__	
Transmission Type	Axles Type	Computer Type_____	Value \$ _____
Clutch Cam Titanium__ Steel__		Roller Value \$ _____	

TOTAL RACE CAR VALUE	\$ _____
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TRAILER (ATTACH PHOTO)

**MUST BE COMPLETED EVEN IF NOT INSURING TRAILER*

ENCLOSED TRAILER REQUIRED FOR RACE CAR TO BE ELIGIBLE IN THIS PROGRAM

Year	Make	Serial #	Length	Fifth Wheel: Yes__ No__
GVW _____		Brakes: Air__ Hydraulic__ Electric__	Break-away Switch: Yes__ No__	Axles# _____
Floor Type: FRP__ Steel__ Wood__ Aluminum__		Generator Mfg _____		Year _____
Air Compressor Type _____		Roof Air: Yes__ No__	# of Units _____	Motor Changer: Yes__ No__
Lounge: Yes__ No__		Routine Safety Check: Yes__ No__	Safety Equipment: Fire Extinguisher__	Road Reflectors__
When Transporting, is race car secured with at least four separate (or appropriate number) tie down straps: Yes__ No__				
Security Protection used when unattended: Padlock: Yes__ No__			Brand _____ is hitch locked at all times? Yes__ No__	
Do you have a Trailer Awning? Yes__ No__ If Yes and coverage is desired, indicate value \$ _____				

Total Trailer Value Including Awning Value	\$ _____
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UNLISTED TOOLS, EQUIPMENT AND SPARE PARTS

UNSCHEDULED PROPERTY (ITEMS UNDER \$10,000) TOTAL VALUE \$

DESCRIBE SCHEDULED PROPERTY (over \$10,000 in value each item, attach separate sheet if necessary)	Value
1	\$
2	\$
3	\$
TOTAL SCHEDULED VALUE	\$

GRAND TOTAL (RACE CAR, TRAILER, AWNING & PARTS) **\$**

STORAGE (ATTACH PHOTO OF STORAGE BUILDING)

Storage Address: _____ City _____ State _____ Zip _____

Building Information: Residential _____ Commercial _____ Light Industrial _____ Rural _____ Year Built _____ Owned _____ Leased _____

Construction: Frame _____ Masonry _____ Non-Combustible _____ Other _____

Protection: Dead Bolt Locks: Yes _____ No _____ (Required) Guard Dog: Yes _____ No _____ Security Guard: Yes _____ No _____

Alarm System: Yes _____ No _____ Mfg or Brand _____ Automatic Sprinkler: Yes _____ No _____

Yard Area: Fenced: Yes _____ No _____ Type _____ Height _____ Is Yard Fully Enclosed: Yes _____ No _____

Padlock: Yes _____ No _____ Lighted: Yes _____ No _____ Guard Dog: Yes _____ No _____ Security Guard: Yes _____ No _____

Description of Vehicle used to pull trailer: Year _____ Make _____ Model _____

Maximum number of hours driven in one day: _____ Average number of races per year: _____

List drivers of transporting vehicle List name as shown on Drivers's License

Name	Date of Birth	Sex	Drivers License Number	Lic. State

Has any driver: Had their License suspended or revoked In the past 5 years? Yes _____ No _____

 Been convicted of a moving violation in the past 5 years? Yes _____ No _____

 Been convicted of any drug or alcohol related violations in the past 5 years? Yes _____ No _____

 Been involved in a motor vehicle accident in the past 5 years? Yes _____ No _____

Losses- Any Losses in the last 5 years whether insured or not (description, amount paid and date of Loss)

Have you had any Motorsports Insurance cancelled, non-renewed or declined in the past 5 years? Y or N If yes, please explain.

Lienholder: Race Car _____ Trailer _____

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

FAIR CREDIT REPORTING ACT

Important notice regarding the Fair Credit Reporting Act. In making this application for insurance it is understood that as a part of our underwriting procedure, an investigative consumer report or credit report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others who are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for the address of the company handling your account.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

MANDATORY SIGNATURE SUPPLEMENT TO ALL MOTORSPORTS APPLICATIONS

FRAUD STATEMENTS

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

Attention Applicants in the Following Jurisdictions:

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)

MOTOR VEHICLE REPORT PERMISSION

Gulfway Insurers of Hudson, Inc. has my permission to request a copy of my motor vehicle report from the State of _____ for the purpose of insurance underwriting requirements.

Signed: _____

Date: _____

ONE FORM REQUIRED FOR EACH DRIVER.
THIS FORM MAY BE REPRODUCED AS NEEDED FOR ADDITIONAL DRIVERS.

Gulfway Insurers of Hudson, Inc. has my permission to request a copy of my motor vehicle report from the State of _____ for the purpose of insurance underwriting requirements.

Signed: _____

Date: _____

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