

GULFWAY INSURERS OF HUDSON, INC.
12701 US HIGHWAY 19
BAYONET POINT, FL 34667
PHONE (727) 863-5451
(800) 940-5010
FAX: (727) 862-3003
Email: Staff@racensur.com
GulfwayInsurers@aol.com

Office Use: Quote Issue: _____
Annual Premium: _____
Effective Date: _____
OPF _____

**MOTORSPORTS PROGRAM - PHYSICAL DAMAGE APPLICATION
OFF-COURSE COVERAGE**

GENERAL INFORMATION

Named Insured _____
Mailing Address _____
City _____ State _____ Zip _____
Residence Address (if Different) _____
City _____ State _____ Zip _____
Phone Numbers: Home: _____ Business _____ Fax _____
Email Address: _____
Contact Person: _____ Average Number of races per year _____
Occupation: _____ Employer's Name _____
Employer's Address: _____ City _____ State _____ Zip _____
Drivers License No. _____ License State _____ Date of Birth _____
Sanctioning Body/Association or Club _____

STORAGE BUILDING INFORMATION (ATTACH PHOTO)

1. Storage Address _____ City _____ State _____ Zip _____
2. Building Information: Residential _____ Commercial _____ Light Industrial _____ Rural _____ Year Built _____
Owned _____ Leased _____ Construction: Frame _____ Masonry _____ Non-Combustible _____ Other _____
3. Security Protection (check all that apply)
____ Vehicle garaged inside building, if not please explain: _____
____ Dead bolt locks, if none, describe locking devices: _____
____ Automatic Sprinkler Systems _____ Lighted Yard _____
____ Fire Extinguishers _____ Yard fully enclosed with padlock _____
____ Barred Windows _____ Guard Dog _____
____ Alarm (if yes type & Manufacturer) _____ Security Guard _____
4. Description of transporting vehicle used to pull trailer: Year _____ Make _____ Model _____
5. Present Auto Liability Insurance Company for transporting vehicle and expiration date: _____
6. Any losses in the last 5 years whether insured or not (describe, amounts paid and date of loss):

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

8. Driver Information (list of drivers of transporting vehicle):

Name	Date of Birth	Sex	Drivers License Number	License State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

9. In the past 5 years has any driver:

Had their license suspended or revoked?	Yes__ No__
Been convicted of a moving violation?	Yes__ No__
Been convicted of any drug or alcohol related violations?	Yes__ No__
Been involved in a motor vehicle accident?	Yes__ No__

If yes, explain _____

10. Deductible: \$1,000 _____ \$2,500 _____ \$5,000 _____

RACE CAR INFORMATION (ATTACH PHOTO)

1. Mfg. Year _____ Model Year _____ Make & Model _____ Series or Class: _____

2. Chassis Mfg. _____ Chassis Material: Mild Steel _____ Chrome Molly _____

3. Motor Type/Mfg. _____ Heads _____ Cu. In. _____ Wheel Base _____

4. Fuel Used: Gas__ Alcohol__ Battery On/Off Switch: Yes__ No__ Computer Type _____

5. Ignition Mfg. _____ Third Member: Cast _____ Aluminum _____

6. Transmission Mfg. _____ Axles Mfg. _____ Spline _____

7. Cost of Chassis Construction:\$ _____ Cost of Motor, Transmission and Third Member:\$ _____

Lienholder: Name _____

Address _____ City _____ State _____ Zip _____

Complete Race Car Value \$ _____

EQUIPMENT & SPARE PARTS

1. Unscheduled Property (items under \$10,000) **Total Value \$ _____**

2. Describe Scheduled Property (over \$10,000 in value each item, attach separate sheet if necessary)

A. _____	Value \$ _____
B. _____	Value \$ _____
C. _____	Value \$ _____
D. _____	Value \$ _____

Total Scheduled & Unscheduled Value \$ _____

TRAILER INFORMATION (ATTACH PHOTO)

***MUST BE COMPLETED EVEN IF NOT INSURING TRAILER (ENCLOSED TRAILER REQUIRED FOR RACE CAR TO BE ELIGIBLE IN THIS PROGRAM)**

1. Year _____ Make _____ Serial # _____
2. Length _____ GVW _____ Fifth Wheel: Yes ___ No ___ Break-Away Switch: Yes ___ No ___
3. Brakes: Air ___ Hydraulic ___ Electric ___ Axles # _____ Air ___ Spring ___ Torsion ___
4. Generator Mfg. _____ Year _____ Watts _____ Floor Type: FRP ___ Steel ___ Wood ___ Aluminum ___
5. Air Compressor Type _____ Roof Air: Yes ___ No ___ # of Units _____ Motor Changer: Yes ___ No ___
6. Parts Washer: Yes ___ No ___ Lounge: Yes ___ No ___
7. Trailer Awning: Yes ___ No ___ If yes, cost of Awning \$ _____
8. Routine Safety Check: Yes ___ No ___ Safety Equipment: Fire Extinguisher ___ Road Reflectors _____
9. When transporting, is race car secured with at least four separate (or appropriate number) tie down straps: Yes ___ No ___
10. Security protection used when unattended: Padlock: Yes ___ No ___ Brand _____
11. Is hitch locked at all times? Yes ___ No ___ Alarm: Yes ___ No ___ Brand _____

Lienholder: Name _____
Address _____ City _____ State _____ Zip _____

Trailer Value \$ _____

GRAND TOTAL \$ _____
(RACE CAR, TRAILER & EQUIPMENT)

FAIR CREDIT REPORTING ACT

Important notice regarding the Fair Credit Reporting Act. In making this application for insurance it understood that as a part of our underwriting procedure, an investigative consumer report and 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 and credit 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 _____

01MTSPAPP(4/14)

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: _____

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