



RACE TEAMS PROGRAM SUBMISSION INSTRUCTIONS

Thank you for considering K&K for your insurance needs. To properly review a risk for a possible insurance quotation through this program, the attached applications must be completed and submitted to K&K Insurance Group. Some of the coverages you request may not fit the underwriting criteria of our program, therefore, it is important to carefully review and understand the terms and conditions of any insurance quotations received.

RACE TEAMS PROGRAM COVERAGES AVAILABLE

HOW TO SUBMIT

Property	ACORD Application
General Liability	ACORD Application
Racing Owners & Sponsors Liability	K&K Program Application
Crime	ACORD Application
Commercial Auto	ACORD Application
Inland Marine	ACORD Application
Off-Course & Storage	K&K Program Application
(If insuring competition vehicles and racing equipment that leave the insured premises, you must complete the Off-Course & Storage application.)	
EDP	ACORD Application

Eligible Operations For The Race Teams Program Include:

- | | |
|---------------------------------|------------------------|
| - Drivers | - Show Car Exhibitions |
| - Race Shops | - Sponsors |
| - Race Teams | |
| - Racing Associations | |
| - Racing Service & Repair Shops | |

Preliminary Underwriting Information Required:

- All applicable forms and applications
- Five years of company loss runs
- Web site (if available)
- Brief narrative describing operation



Allen Financial Insurance Group

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www.EQGroup.com ballen@eqgroup.com



MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

APPLICANT INFORMATION

☐ Racing Team☐ Racing Sponsor

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

Doing Business as: _____

Insured is: ☐ Corporation ☐ Partnership ☐ Joint venture ☐ Other: _____

In what state is the insured headquartered/chartered? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Fax: () _____ Website: _____

Contact Person: _____ e-mail: _____

Person is: ☐ Owner ☐ Promoter ☐ Agent ☐ Other: _____

Daytime Phone: () _____ Evening Phone: () _____ Fax: () _____

Name of Agency/Brokerage: _____

Contact Person: _____ e-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Fax: () _____

COVERAGE INFORMATION- Policy term requested: From: _____ To: _____

1. Liability Limits: ☐ 1,000,000 ☐ 2,000,000 ☐ 3,000,000 ☐ 4,000,000 ☐ 5,000,000 ☐ 10,000,000 ☐ Other _____

2. Sanctioning Body: _____ Classification: _____

3. Number of Competition Vehicles Entered in each Race Event: _____ Estimated Number of Events: _____

4. Schedule of Racing Events -REQUIRED- please attach: _____

5. Driver(s) Name(s): _____ Drivers Age: _____

Racing Experience: _____

6. Additional Insured(s) to be listed on policy: **(If additional space is needed, please list and attach a separate sheet.)**

[Sponsor(s), Owner(s), Driver(s)]

Relationship to Team

7. Describe any Racing/Owners Sponsors Liability claims in past 5 years: _____

PLEASE SEND INFORMATION ON THE FOLLOWING COVERAGES:

☐ **Off-Course & Storage** – All perils protection while the competition vehicle and the race equipment are being transported and/or stored.

☐ **Race Team Coverages** – General Liability, Building, Contents, Business Auto including Tractors/Trailers, other business related insurance coverages.

☐ **Prize Indemnity Insurance/Contractual Bonus**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature _____

Producer's Signature (if applicable) _____

Applicant's Name (print) _____

Producer's Name (print) _____

Date (MM/DD/YY) _____

Date (MM/DD/YY) _____



MOTORSPORTS OFF-COURSE AND STORAGE APPLICATION

Effective Date of Coverage: _____

1. Full Name of Insured as it is to appear on policy: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Fax: (____) _____ Email: _____

Website: _____

2. Name of Agency (if applicable): _____

Agent/Broker Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Fax: (____) _____ Email: _____

3. Name(s) of driver(s) on all towing vehicles/transporter:

Driver's Name	Date of Birth	License #	State Issued In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Sanctioning Body, Association or Club Membership: (if you participate in more than one series please indicate the predominant series)

NASCAR: ☐ Cup ☐ Grand National ☐ Truck ☐ NASCAR other (indicate division) _____

SCCA: ☐ Trans-Am ☐ Speed Challenge ☐ Pro Mazda ☐ Formula ☐ SCCA other (indicate division) _____

NHRA: ☐ Top Fuel ☐ Funny Car ☐ Pro Stock ☐ Bikes ☐ NHRA other (indicate division) _____

IHRA: ☐ Top Fuel ☐ Funny Car ☐ Pro Stock ☐ Bikes ☐ IHRA other (indicate division) _____

GARRA: ☐ Prototype ☐ GTS ☐ GT ☐ American GT

ALMS: ☐ Prototype ☐ GTS ☐ GT

OWRS: ☐ Champ Car ☐ Formula Atlantic

IRL: ☐ Indy Car ☐ Infiniti Pro

☐ NOPI ☐ AMA ☐ MTRA ☐ NTPA ☐ WOO ☐ USAC ☐ IKF ☐ WKA ☐ INEX

☐ ASA ☐ ARCA ☐ WISSOTA ☐ DIRT ☐ IMCA ☐ UMP/EXTREME ☐ BMW FORMULA

☐ USAR/HOOTERS CUP ☐ VINTAGE

☐ APBA/SBI/OSS/OPA

☐ Other: (please indicate) _____

5. **PLEASE ATTACH RACING SCHEDULE**

UNDERWRITING CRITERIA

All questions **MUST** be fully answered. Policy subject to \$1,000 fully earned premium.

1. BUILDING

a. **Primary** storage location address:

City: _____

County: _____

State: _____ Zip: _____

b. Construction: ☐ Wood Frame ☐ Metal Frame

☐ Concrete Block ☐ Poured Concrete/Steel

☐ Fire Resistive ☐ Other _____

c. Age of building: _____

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. How many doors? _____ Locked? ☐ Yes ☐ No

g. How many windows? _____ Locked? ☐ Yes ☐ No

h. Does building have burglar alarm? ☐ Yes ☐ No

i. If yes, is it monitored by outside alarm company? ☐ Yes ☐ No

j. Type of alarm: _____

k. Is there a sprinkler system? ☐ Yes ☐ No

l. Is there a smoke alarm? ☐ Yes ☐ No

m. If yes, is it monitored by outside alarm company? ☐ Yes ☐ No

n. Type of alarm: _____

o. Are flammables stored in garage? ☐ Yes ☐ No

p. If yes, please list and describe precautions taken to reduce chance of fire: _____

a. **Secondary** storage location address (if applicable):

City: _____

County: _____

State: _____ Zip: _____

b. Construction: ☐ Wood Frame ☐ Metal Frame

☐ Concrete Block ☐ Poured Concrete/Steel

☐ Fire Resistive ☐ Other _____

c. Age of building: _____

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. How many doors? _____ Locked? ☐ Yes ☐ No

g. How many windows? _____ Locked? ☐ Yes ☐ No

h. Does building have burglar alarm? ☐ Yes ☐ No

i. If yes, is it monitored by outside alarm company? ☐ Yes ☐ No

j. Type of alarm: _____

k. Is there a sprinkler system? ☐ Yes ☐ No

l. Is there a smoke alarm? ☐ Yes ☐ No

m. If yes, is it monitored by outside alarm company? ☐ Yes ☐ No

n. Type of alarm: _____

o. Are flammables stored in garage? ☐ Yes ☐ No

p. If yes, please list and describe precautions taken to reduce chance of fire: _____

2. COMPETITION/SHOW VEHICLE & EQUIPMENT

a. Will insured vehicle(s) ever be loaned to or rented to others? ☐ Yes ☐ No

If yes, explain: _____

b. Are competition vehicles licensed for public road use? ☐ Yes ☐ No

c. Will insured equipment be used for non-racing activities? ☐ Yes ☐ No

d. if yes, explain _____

3. TRAILER

a. Is insured vehicle permanently stored in/on trailer? ☐ Yes ☐ No

b. Type of trailer? ☐ Open ☐ Enclosed

c. Is the trailer equipped with an alarm system? ☐ Yes ☐ No

4. ADDITIONAL UNDERWRITING

List any other precautions that have been taken to reduce loss to insured items: _____

5. Prior carrier information (new business only) - (SUBMIT HARD COPY OF LOSS RUNS)

Year	Company	Limit of Insurance	Losses	Premium
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INVENTORY SCHEDULE

1. Competition Vehicle /Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

2. Engines	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

3. Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

4. Equipment (tools, spare parts, etc.) <i>LIST ALL ITEMS OVER \$2,500</i>	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

5. Unscheduled Miscellaneous Equipment (NOT LISTED ABOVE) please list total value \$_____
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INVENTORY SCHEDULE

(Continued)

6. Souvenir Inventory/Merchandise	Insured Value (replacement value)

7. Trailers	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

8. Motorhomes AVAILABLE FOR MOTORHOMES VALUED OVER \$150,000 ONLY	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

9. Desired Deductibles: Competition Vehicle/Chassis ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other \$ _____
All other items ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other \$ _____
Trailers, and Motorhomes valued over \$150,000 to be determined by Company.

10. Loss Payee:

Name: _____ Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Please identify item(s): _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENTS FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

APPLICANT NAME: _____

FRAUD WARNING

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 civil penalties [NY: substantial, not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)



MOTORSPORT DRIVER INSURANCE PROFILE

Proposed Insured: _____ Age: _____ Height: _____

Insured Occupation: Professional Motor Racing Driver, Series: _____

Competition History (Past 4 years including current year)

Year	Series	Team	Salary	Winnings	Other Income (Source)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does insured plan to compete in any other series? ☐ Yes ☐ No

if yes, please list series: _____ Number of events: _____

Injury/Illness History (Past 3 years including current year)*

Date	Cause / Diagnosis	Events Missed	Extent Recovered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Include all hospital stays whether for observation only or for treatment.

Current Coverage

Temporary Total Disability (TTD):

Benefit amount: \$ _____ per ☐ week ☐ month ☐ race;

Elimination period _____ ☐ days ☐ months ☐ race;

Benefit Period _____

Permanent Total Disability (PTD):

Elimination period _____; Sum Insured \$ _____;

Accident Medical:

Limit \$ _____; Deductible \$ _____

Accident medical limit provided by sanctioning body: \$ _____

Accidental Death:

Limit \$ _____

Accidental Death & Dismemberment:

Limit \$ _____

Insurer:

Contract during coverage period: ☐ Guaranteed ☐ Not Guaranteed.

Comments: _____

Proposed Coverage

Temporary Total Disability (TTD):

Benefit amount: \$ _____ per ☐ week ☐ month ☐ race;

Elimination period _____ ☐ days ☐ months ☐ race;

Benefit Period _____

Permanent Total Disability (PTD):

Elimination period _____; Sum Insured \$ _____;

Accident Medical:

Limit \$ _____; Deductible \$ _____

Accidental Death:

Limit \$ _____

Accidental Death & Dismemberment:

Limit \$ _____

Other:

Contract during coverage period: ☐ Guaranteed ☐ Not Guaranteed.

Comments: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Name of person completing this profile (print)

Producer's Name (if applicable)

Signature

Producer's Signature

Phone#

Phone#

Date (MM/DD/YY)

Date (MM/DD/YY)

1098 1/05