



## MOTORSPORTS DRIVING SCHOOL APPLICATION

NAMED INSURED:		DOING BUSINESS AS:	
LOCATION ADDRESS (TRACK WHERE SCHOOL WILL BE HELD):			
SCHOOL TYPE(S) (LIST EACH INDIVIDUALLY):			
NUMBER OF INSTRUCTORS:		EDUCATION / EXPERIENCE OF INSTRUCTORS:	
NUMBER OF STUDENTS:		MINIMUM AGE OF STUDENTS:	
AMOUNT OF TIME DEVOTED TO:	CLASSROOM	DRIVING	
PASSING PERMITTED AT ANY TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
TYPES OF VEHICLES USED:			
VEHICLE MAINTENANCE PERFORMED BY:			
NUMBER OF VEHICLES ON THE TRACK AT ONE TIME:			

I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL ONLY PROVIDE INSURANCE FOR MOTORSPORTS OPERATIONS AND ANY OTHER APPROVED OPERATIONS SCHEDULED ON THE ISSUED POLICY. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

DATE

SIGNATURE OF INSURED

TITLE