



MOTORSPORTS GENERAL APPLICATION

LEGAL NAME:		DOING BUSINESS AS:	
MAILING ADDRESS:			
CONTACT PERSON:		PHONE:	FAX: EMAIL:
WEBSITE:		POLICY PERIOD REQUESTED: TO	FEIN #
INSURED IS:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____		
NATURE OF OPERATIONS / DESCRIPTION OF EVENTS:			
HAS COVERAGE EVER BEEN CANCELLED OR NON-RENEWED DURING THE LAST (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			

COVERAGE INFORMATION

LIMITS OF COVERAGE DESIRED:						
GENERAL LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
PARTICIPANT LEGAL LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
LIQUOR LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
EXCESS LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> OTHER: \$
ACCIDENTAL DEATH & DISMEMBERMENT LIMIT:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> OTHER: \$
ACCIDENTAL MEDICAL & EXPENSE LIMIT:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> OTHER: \$
	DEDUCTIBLE: \$ PER INJURY		<input type="checkbox"/> CORRIDOR		<input type="checkbox"/> REDUCING	
WEEKLY INDEMNITY:	\$ PER WEEK FOR UP TO #		OF WEEKS			
OTHER COVERAGES REQUESTED:						
<input type="checkbox"/> PROPERTY COVERAGE		<input type="checkbox"/> INLAND MARINE COVERAGE		<input type="checkbox"/> WORK COMP COVERAGE		
<input type="checkbox"/> CRIME COVERAGE		<input type="checkbox"/> AUTO COVERAGE		<input type="checkbox"/> FIREWORKS COVERAGE (EXCESS & CONTINGENT)		

LOCATION AND EVENT INFORMATION

LOCATION ADDRESS:
NATURE OF OPERATIONS / DESCRIPTION OF EVENTS:
ESTIMATED NUMBER OF EVENTS: (PLEASE ATTACH SCHEDULE INCLUDING EVENT DATE AND DETAILS AND LOCATION)

ADDITIONAL INTEREST (PLEASE LIST ALL ADDITIONAL INTERESTS AND THEIR BUSINESS RELATIONSHIP)

<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:

UNDERWRITING INFORMATION

1.	LIST ALL ANCILLARY ATTRACTIONS:		
2.	IS A REEL RACING MGA APPROVED WAIVER AND RELEASE FORM READ AND SIGNED BY ALL PARTICIPANTS AND OTHER PERSONS PERMITTED IN RESTRICTED AREAS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	DOES THIS ORGANIZATION ENGAGE IN ANY OTHER BUSINESS OPERATIONS UNDER THE SAME NAME OF THE INSURED AS IT WILL APPEAR ON THE POLICY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE EXPLAIN:		
4.	AS RESPECTS YOUR OPERATION(S), DO YOU ENTER INTO ANY CONTRACTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT CONTRACT(S) DO YOU ENTER INTO:		
	WHO REVIEWS THE CONTRACTS PRIOR TO SIGNING?	<input type="checkbox"/> CORPORATE OFFICERS	<input type="checkbox"/> LEGAL COUNSEL <input type="checkbox"/> OTHER:
	DOES THE EACH PARTY ASSUME ITS OWN LIABILITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE PROVIDE COPY OF ALL CONTRACT(S) / AGREEMENT(S).			
5.	DO YOU REQUIRE A CERTIFICATE OF INSURANCE (COI) FROM ALL VENDORS, CONCESSIONAIRES, SUBCONTRACTORS, ETC. SHOWING THE NAMED INSURED AS AN ADDITIONAL INSURED AND EVIDENCING LIMITS OF AT LEAST \$1,000,000?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IS THERE A SYSTEM IN PLACE FOR OBTAINING COI'S?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHO REVIEWS THEM?		

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	INSURING COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

PLEASE PROVIDE 4 YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS.

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

BY SIGNING ABOVE, I AUTHORIZE REEL RACING MGA, IN ACCORDANCE WITH STATE REGULATIONS, TO OBTAIN, ON MY BEHALF, DETAILED, CURRENTLY VALUED LOSS RUNS FROM ANY AND ALL COMPANIES FROM WHICH I HAVE PREVIOUSLY OBTAINED INSURANCE.