



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

OFF-ROAD RACING

A. Applicant Info

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

B. Select Desired Limit of Liability:

Per Person / Per Occurrence / Aggregate

- \$25,000/\$50,000/\$100,000 \$50,000/\$150,000/\$300,000
 \$100,000/\$250,000/\$1,000,000 \$250,000/500,000/\$1,000,000
 \$100,000/\$1,000,000/\$1,000,000 Other: Other:

C. Would you like Excess medical, emergency evacuation / accidental death and dismemberment

Excess Medical

- None None
 \$5,000 \$5,000
 \$10,000 \$10,000
 \$25,000 \$25,000
 Other: Other:

- D. **Self-Insured Retention (SIR):** \$500 (Minimum) \$1,000 \$1,500 \$2,500 \$5,000
 \$10,000

E. General Questions

1. Applicant is: Individual Team

2. If Individual:

Age: _____

Years of experience: _____

3. **For Teams Only:**

Driver Schedule: Please complete the following questions for each driver within your team. Attach additional sheet if necessary.

Driver name: _____

Years of experience: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Estimated number of races for the next 12 months: _____

4. For Teams Only:

Vehicle Schedule (complete the following for each vehicle you plan on entering into a race over the next 12 months. Attach additional sheets if necessary.

Class / Type vehicle: _____ Vehicle Serial Number: _____

Class / Type vehicle: _____ Vehicle Serial Number: _____

Class / Type vehicle: _____ Vehicle Serial Number: _____

5. Race / Event information (Complete the following questions for each race for the next 12 months):

Name of race: _____ Race Organizer: _____

Date(s) of race: _____

Address: _____

Phone: _____

Description / type of race: _____

Estimated time to complete race (starting line to finish line): _____

Race / organizer website if available: _____

Practice days: If there are practice days that you wish to have coverage please list each individual practice date: _____

6. Does your team have within its staff of employees a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No If yes, please tell us:

Name: _____

E-Mail: _____

Business Telephone No.: _____ Fax: _____

7. Has the Applicant / Driver / Race Team ever had a claim or lawsuit involving racing activities? Yes No
8. Describe completely (per event) the procedures for inspection of vehicle, technical equipment, safety equipment, and race procedures. _____

9. Additional date(s) for which coverage is desired. _____
10. Are any Additional Named Insureds required? Yes No
If yes, who are they, what interest do they have do they have in you or your race team, and what is their relationship to you, your race team, etc. _____

11. Describe completely race classes and restrictions. _____

12. Are all participants required to complete and sign a release form issued by race organizers? Yes No
13. How are participants informed of risks inherent to the activity? written in person
14. Additional types of insurance you would like more information about.
 business liability animal liability firearms assault and battery volunteer work
 Instructor/ trainer other

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature

Signature

Print Name

Print Name