

ON TRACK LIABILITY INSURANCE APPLICATION

APPLICANT INFORMATION

Name of Insured: (As it will appear on the policy):

Address:	Home phone:
City:	Cell phone:
State, Zip:	Fax:
Date of Birth:	Email:

How did you hear about Anthony & Company?

PCA Ad
 FCA Ad
 Website
 Referral
 Other

ADDITIONAL INFORMATION

Insured Doing Business As:

Insured is:
 Individual
 Partnership
 Corporation
 Joint Venture
 Other

In what State is the insured headquartered/chartered:

Contact Person:	Email:
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Person is:
 Owner
 Promoter
 Agent
 Racing Team
 Racing Sponsor
 Other

Website:

COVERAGE INFORMATION

Policy Term Requested: From: _____ To: _____

Liability Limits:
 \$1,000,000
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000
 \$10,000,000
 Other

Sanctioning Body:	Classification:
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Number of Competition Vehicles Entered in Each Race/Event:	Estimated Number of Events:
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ATTACH SCHEDULE OF RACING EVENTS INCLUDING DATES, LOCATIONS AND TRACKS

Driver(s) Name(s):	Driver(s) Age(s) and DOB:
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Racing Experience:

Reckless Driving, Driving Under the Influence or Driving While Intoxicated Violations on the driver's regular driving license?

Yes
 No

Indicate (S)ponsors, (O)wners, (D)river(s)	Relationship to Team

Describe any Racing/Owners Sponsors Liability Claims for the last 5 years:

SPECIAL COVERAGE INFORMATION

WOULD YOU LIKE INFORMATION ON THE FOLLOWING COVERAGS:

- Off Course & Storage** – All perils protection while the competition vehicle and the race equipment are being transported and/or stored.
- Race Team Coverage** – General Liability, Building, Contents, Business Auto including Tractors/Trailers, and other business related insurance coverages.
- Prize Indemnity Insurance/Contractual Bonus**

ADDITIONAL HEALTH INFORMATION

Have you ever experienced any of the following:

1. Convulsions, paralysis or stroke, fainting attacks; severe headaches, disease of the brain or nervous system?

Yes No

2. High blood pressure, heart attack, pain in chest, or any other disorder of the heart or blood vessels?

Yes No

3. Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system? Yes No

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.

Signature _____

Date _____

Please return completed form to:

ANTHONY & COMPANY, INC.

4 Walter E. Foran Boulevard, Suite 105 • Flemington, NJ 08822

908-806-8844 p • 908-806-2095 f

pam.bevilacqua@anthonycompany.com