

ON TRACK PHYSICAL DAMAGE 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

STORAGE & TRANSIT

Address of Normal Storage Location of Items to be insured if different from address stated above:

Please give full details of security and building construction at the insured items' normal storage location:

Details and Sums of items to be insured (Full Value to be insured unless otherwise stated and agreed by insurers). Attach a separate piece of paper if there is insufficient room to answer.)

Item	Description	Sums Insured (Value)
1.		
2.		
3.		

Please indicate the number of Transits in the coming 12 months:

ON TRACK

Policy Term Requested: From:

To:

	Make	Model/#of Miles	Chassis/Vin No.	Age	Rolling Chassis Value	Engine and Gearbox Value
Details of Vehicle to be Insured:						

Has the Vehicle Been Modified/List all modifications for safety & Performance:

Has the horsepower been increased and if so, by what percentage:

Number of Competition Vehicles Entered in Each Race/Event:

Estimated Number of Events:

ATTACH SCHEDULE OF RACING EVENTS INCLUDING DATES, LOCATIONS AND TRACKS

Driver(s) Name(s):	Driver(s) Age(s):
--------------------	-------------------

Driver's License No. and State:

Legal Owners and/or Loss Payee Name/Address:

Number of Moving Violations during the past 3 years:

Reckless Driving or DUI yes no

Describe any On Track Accidents/Incidents which resulted in Claims for the last 3 years:

GENERAL INFORMATION

Name of Previous Insurer:

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