

**I. SANCTIONING BODY, ASSOCIATION OR CLUB MEMBERSHIP – ATTACH RACING SCHEDULE**

(check all that apply)

- |                                      |   |                                    |                                    |  |  |
|--------------------------------------|---|------------------------------------|------------------------------------|--|--|
| <b>NASCAR</b>                        | <input type="checkbox"/> Cup              | <input type="checkbox"/> Xfinity   | <input type="checkbox"/> Truck     | <input type="checkbox"/> NASCAR OTHER: _____ |  |
| <b>INDY CAR</b>                      | <input type="checkbox"/> Indy Car         | <input type="checkbox"/> Lights    | <input type="checkbox"/> Pro Mazda | <input type="checkbox"/> USF2000             | <input type="checkbox"/> Indy Car OTHER: _____ |
| <b>NHRA</b>                          | <input type="checkbox"/> Top Fuel         | <input type="checkbox"/> Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Bikes               | <input type="checkbox"/> NHRA OTHER: _____     |
| <b>IHRA</b>                          | <input type="checkbox"/> Top Fuel         | <input type="checkbox"/> Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Bikes               | <input type="checkbox"/> IHRA OTHER: _____     |
| <b>IMSA</b>                          | <input type="checkbox"/> DPi              | <input type="checkbox"/> LMP 2-3   | <input type="checkbox"/> GTD Pro   | <input type="checkbox"/> GTD                 | <input type="checkbox"/> IMSA OTHER: _____     |
| <b>SCCA</b>                          | <input type="checkbox"/> Speed Challenge  |                                    | <input type="checkbox"/> Pro Mazda | <input type="checkbox"/> Formula             | <input type="checkbox"/> SCCA OTHER: _____     |
| <b>OFF ROAD</b>                      | <input type="checkbox"/> BITD             | <input type="checkbox"/> SCORE     | <input type="checkbox"/> LOORS     | <input type="checkbox"/> OTHER: _____        |  |
| <b>Rally</b>                         | <input type="checkbox"/> NRX              | <input type="checkbox"/> ARA       | <input type="checkbox"/> NRX-EV    | <input type="checkbox"/> OTHER: _____        |  |
| <input type="checkbox"/> AMA         | <input type="checkbox"/> APBA/SBI/OSS/OPA |                                    | <input type="checkbox"/> ARCA      | <input type="checkbox"/> ASA                 | <input type="checkbox"/> BMW Formula           |
| <input type="checkbox"/> ARX         | <input type="checkbox"/> NRX              | <input type="checkbox"/> NRX-E-    | <input type="checkbox"/> NASA      | <input type="checkbox"/> NOPI                | <input type="checkbox"/> NPTA                  |
| <input type="checkbox"/> UMP-EXTREME | <input type="checkbox"/> USAC             | <input type="checkbox"/> Vintage   | <input type="checkbox"/> WISSOTA   | <input type="checkbox"/> WKA                 | <input type="checkbox"/> WOO                   |

OTHER (please indicate): \_\_\_\_\_

**II. COMPETITION/SHOW VEHICLE & EQUIPMENT**

- a. Will insured vehicle(s) ever be loaned to or rented to others?  Yes  No If yes, explain: \_\_\_\_\_
- b. Are competition vehicles licensed for public road use?  Yes  No
- c. Will insured equipment be used for non-racing activities?  Yes  No If yes, explain: \_\_\_\_\_

**OFF-ROAD**

- a. Is the Pre-Runner licensed for Public Road use?  Yes  No
- b. Is the Pre-Runner hauled?  Yes  No
- c. Attach Photos of Pre-Runner Vehicle

**Note: No coverage applies to the Pre-Runner when it is being driven/operating under its own power.**

**TRAILER**

- a. Is insured vehicle permanently stored in/on trailer?  Yes  No
- b. Type of trailer?  Open  Enclosed
- c. Is the trailer equipped with an alarm system?  Yes  No

# MOTORSPORTS OFF-TRACK AND STORAGE SUPPLEMENTAL

Use in conjunction with ACORD Equipment Floater Application

## ADDITIONAL UNDERWRITING

- a. If stored in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location?  YES  NO

If yes, please describe: \_\_\_\_\_

- b. List any other precautions that have been taken to reduce loss to insured items:

\_\_\_\_\_

---

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this supplemental form 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 accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

Safehold Motorsports is a division of Innovation Growth Partners Specialty, LLC  
(866) 904-9742 • [www.igpspecialty.com](http://www.igpspecialty.com)