

RACE TEAM SUPPLEMENTAL QUESTIONNAIRE

Use in conjunction with ACORD General Liability & Auto Applications

Under the named insured on your application, do you engage in any business operations other than your race team?

Yes No If yes, please answer the following:

Description of operations: _____

Name(s) under which the business operates: _____ Carrier(s) that provides coverage: _____

Do you manufacture, sell, lease, and/or rent vehicles, engines or related parts or equipment? Yes No

If yes, please answer the following:

Description of operations: _____

Carrier(s) that provides coverage: _____

Do you service or repair vehicles or equipment other than your own? Yes No If yes, please answer the following:

Description of operations: _____

Carrier(s) that provides coverage: _____

Do you use any of the vehicles included on your application for any other business that you operate, other than your race team? Yes No

If yes, describe which vehicles, name the vehicle is titled under and explanation of vehicle use:

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

Applicant's Signature

Applicant's Name (Print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (Print)

Date (MM/DD/YY)