



RICHARDS
Insurance

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MOTORSPORTS OFF-TRACK & STORAGE APPLICATION

www.richardsinsurance.com email: info@richardsinsurance.com

Effective Date of Coverage: _____

1. Full Name of Insured as it is to appear on policy: _____
 Doing Business as: _____
 New venture? Yes No Date business started: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Daytime Phone: (_____) _____ Evening Phone: (_____) _____
 Fax: (_____) _____ E-mail: _____
 Website: _____

2. Name of Agency (if applicable): _____
 Agent/Broker/Contact Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (_____) _____ Evening Phone: (_____) _____
 Fax: (_____) _____ E-mail: _____

3. Name(s) of driver(s) on all towing vehicles/transporter:

Driver's Name	Date of Birth	License #	State Issued In

4. Sanctioning body: _____ Racing class: _____

5. Prior carrier information (new business only) - **(SUBMIT HARD COPY OF LOSS RUNS)**

Year	Company	Limit of Insurance	Losses	Premium

UNDERWRITING CRITERIA

1. BUILDING

a. **PRIMARY** storage location address:

City: _____

State: _____ Zip: _____

b. Construction: Wood Frame Metal Frame

Concrete Block Poured Concrete/Steel

Fire Resistive Other _____

c. Age of building: _____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. In which type of area is the building located:

Commercial Retail Residential Rural

g. How many doors? _____ Locked? Yes No

h. How many windows? _____ Locked? Yes No

i. Does building have burglar alarm? Yes No

j. If yes, is it monitored by outside alarm company? Yes No

k. Type of alarm: _____

l. Is there a sprinkler system? Yes No

m. Is there a smoke alarm? Yes No

n. If yes, is it monitored by outside alarm company? Yes No

o. Type of alarm: _____

p. Are flammables stored in garage? Yes No

q. If yes, please list and describe precautions taken to reduce chance of fire: _____

Building Improvements

Wiring Date: _____

Plumbing Date: _____

Heating Date: _____

Roofing Date: _____

Other _____ Date: _____

a. **SECONDARY** storage location address (if applicable):

City: _____

State: _____ Zip: _____

b. Construction: Wood Frame Metal Frame

Concrete Block Poured Concrete/Steel

Fire Resistive Other _____

c. Age of building: _____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. In which type of area is the building located:

Commercial Retail Residential Rural

g. How many doors? _____ Locked? Yes No

h. How many windows? _____ Locked? Yes No

i. Does building have burglar alarm? Yes No

j. If yes, is it monitored by outside alarm company? Yes No

k. Type of alarm: _____

l. Is there a sprinkler system? Yes No

m. Is there a smoke alarm? Yes No

n. If yes, is it monitored by outside alarm company? Yes No

o. Type of alarm: _____

p. Are flammables stored in garage? Yes No

q. If yes, please list and describe precautions taken to reduce chance of fire: _____

Building Improvements

Wiring Date: _____

Plumbing Date: _____

Heating Date: _____

Roofing Date: _____

Other _____ Date: _____

2. 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

d. If Yes, explain _____

3. TRAILER

a. Is insured vehicle, and/or equipment permanently stored in/on trailer? Yes No

if yes, where is trailer stored? Inside primary storage location Outside Other _____

b. Type of trailer? Open Enclosed

c. Is the trailer equipped with an alarm system? Yes No

4. Will insured equipment ever be stored away from the track or storage location overnight? Yes No

if Yes, please describe any additional security measures taken: _____

5. ADDITIONAL UNDERWRITING

List any other precautions that have been taken to reduce loss to insured items: _____

6. If you live 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 briefly: _____

