

RACE TEAM SUPPLEMENTAL QUESTIONNAIRE

Use in conjunction with Acord General Liability & Automobile applications

1. Under the named insured on your application, do you engage in any business operations, other than your race team? Yes No

If yes, please respond to the following:

Description of operations: _____

Name(s) under which the business operates: _____

Please list the carrier(s) that provides coverage: _____

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

If yes, please respond to the following:

Description of operations: _____

Please list the carrier(s) that provides coverage: _____

3. Do you service or repair vehicles or equipment other than your own? Yes No

If yes, please respond to the following:

Description of operations: _____

Please list the carrier(s) that provides coverage: _____

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

If yes, please describe below, including which vehicles, the name the vehicle is titled to and an explanation of vehicle use. _____

PLEASE NOTE: Our Race Team policies exclude Products and Completed Operations Coverage for Customer Repair Shop exposures.

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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)