



ON-TRACK ACCIDENT PHYSICAL DAMAGE - APPLICATION

PROPOSER DETAILS

Name:

Address:

Telephone Number (Day / Evening / Mobile) Fax: E-mail:

ON TRACK

Details of Vehicle(s) to be insured:

Year/Age:	Make:	Model:	Serial/Chassis Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Owner

Loss Payee Name & Address (If Any)

Stated Amount of Vehicle \$

Club/Sanctioning Body:

of Events (est.):

Length of Events (days)

Driver Details:

Name & Date of Birth: Drivers License number State of Issuance Please provide resume details for all drivers to be insured on a separate sheet.	/ / / / /
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Have any of the drivers named above had any accidents which would give rise to an insurance claim? Yes: No:

Number of moving violations during the past three years?

If yes, please give details:

Number of moving violations during the past three years?	<input type="text"/>
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Insured (Initial): _____ Agent (Initial): _____

Failure to disclose a material fact (any fact likely to influence the Insurers acceptance or assessment of this proposal) will render the insurance void. If you are in any doubt about facts, which might be considered material, you should disclose them. You are advised to keep a record, including copies of letters, of all information supplied for the purpose of entering into the contract. A copy of this proposal will be supplied on request.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance.

This is an application only. The signing of this proposal does not bind ProSure- Motorsports Protection to complete or Lloyds Underwriters to accept this Insurance.

LETTER OF INTENT:

It is our intention to accept the Insurance Plan offered thru Southern Insurance Underwriters by Great Lakes United Kingdom at Lloyds for On Track Physical Damage Protection.

We will remit the premium to our agent, _____, of ProSure- Motorsports Protection.

Signature _____

Title _____

Company _____

Date _____

Effective Dates of Coverage: to .

Policy Premium:		\$	USD
Policy Fee:		\$	USD
Tax Filing Fee:		\$	USD
Stamp/Other Tax/Fee:		\$	USD
State Ga. Surplus Tax: 4 %	Surplus Tax:	\$	USD
TOTAL PREMIUM		\$	USD

Agent Signature: _____

Date: _____