

# MOTORSPORTS

## Off-track & Storage

### Eligible Operations:

- Individuals
- Race teams
- Show car operations
- Sanctioning bodies

### Key Underwriting/Qualifying

#### Factors (Including but not limited to):

- The policy inventory schedule must include at least one competition or show vehicle
- \$500 minimum premium

### Ineligible for this program:

- Vehicles licensed or registered for public road use

### Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 65 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through sanctioning bodies, racing associations and event attendance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

This program is designed to protect competition vehicles from physical damage losses due to fire, theft, trailer upset and most other physical damage claims. Other items that can be covered are spare parts, tools and equipment. Coverage is provided while the insured items are stored and transported to and from events and while in paddock or garage areas.

### Coverages Available & Program Highlights:

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Valuation of Loss Based on Agreed Amount of Insured Property Rather Than Actual Cash Value

Coverage Extends to Competition Vehicle Under Own Power for Incidental Movement

No Coinsurance

Expediting & Rental Expense Coverage Included

Flood and Earthquake Coverage While in Transit

Worldwide Coverage

### Additional Products:

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Auto/Shop Liability

Commercial Coverage For Race Teams

- Auto Liability
- Building
- Business Personal Property
- General Liability (Non-racing)
- Workers' Compensation

Contingency/Prize Indemnity

Contractual Indemnity

Disability Income For Professional Crew Chiefs & Drivers

Employment Practices Liability

Excess Liability

Ocean Marine

On Track Crash Damage (for certain classes)

Racing Owners & Sponsors Liability

Participant Accident for Tuning & Testing

Products Liability

Workers' Compensation

insuring the world's fun



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Terre Haute, IN 47803  
[www.HCINS.com](http://www.HCINS.com)  
Rich Dunkin, Agent 812-232-0336

## MOTORSPORTS OFF-TRACK & STORAGE APPLICATION

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: \_\_\_\_\_

# INVENTORY SCHEDULE

1. Competition Vehicle /Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

2. Engines	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

3. Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

4. Equipment (tools, spare parts, etc.) <i>LIST ALL ITEMS OVER \$2,500</i>	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

5. Unscheduled Miscellaneous Equipment ( <i>NOT LISTED ABOVE</i> ) please list total value \$ _____
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# INVENTORY SCHEDULE

(Continued)

6. Souvenir Inventory/Merchandise	Insured Value (replacement value)

7. Trailers	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

8. Motorhomes <i>AVAILABLE FOR MOTORHOMES VALUED OVER \$150,000 ONLY</i>	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

**9. Desired Deductibles:**

Competition Vehicle/Chassis	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other \$ _____
All other items	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other \$ _____
Trailers and Motorhomes	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other \$ _____

**10. Loss Payee: (if other than named insured)**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please identify item(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date



# MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: \_\_\_\_\_

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

### Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### Applicable in ME, TN, and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### Applicable in VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

FRAUD APPS (2019/11)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

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

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