

* Please note* The minimum premium starts at \$1,000. And covers a ten event minimum.



**ON TRACK DRIVER
EDUCATION
PROGRAM
APPLICATION**

Driver Name: _____

Street Address: _____

Telephone: Day: _____ Mobile: _____

Email: _____

Mailing Address: _____

Occupation: Self-employed Yes No

If Yes, Company Name: _____

Business Description: _____

Phone: _____

Email: _____

Job title/Duties: _____

If No, Employer Company Name: _____

Job Description/Title: _____

Requested Effective Date: _____

Details of Vehicle to be Insured: _____

Year	Make	Model	VIN#	#Miles
------	------	-------	------	--------

Legal Owner Loss Payee Name & Address: _____

Stated Amount of Vehicle (\$150K max) \$ _____

Vehicle Value: \$ _____

Excess Amount* \$ _____

Equal to 4% of vehicle value with min. \$2,500 excess. (*Underwriters reserve right to increase excess limit)

Has the vehicle been modified for performance? Yes No

If yes, please list safety and performance modifications on the second sheet of this application and/or on a separate sheet. Please include the approximate value to each modification.

Has the horsepower been increased? Yes No

If yes, by what percentage _____% Total horsepower _____

Club: PCA BMW NASA Ferrari Other _____

Number of events: Up to 10 11-15 16-20 21+

Driver Details: Name: _____ DOB: _____

Driver's License #: _____ State of Issuance: _____

In the past 3 years have any of the listed drivers had an On-track accident/incident that would have been covered under this application? Yes No

If yes, please give details: _____

Number of moving violations during the past three years? _____

Reckless driving or DUI? Yes No

Failure to disclose a material fact (any fact likely to influence the insurer's acceptance or assessment of this application) 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 application will be supplied on request.

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

This is an application for insurance only. I understand that the signing of this application does not bind me to complete or Underwriters to accept this insurance.

Applicant Signature: _____

Date: _____

Optional: Does the insured need quotes on any other insurance? Yes No

If yes, which (check all that apply) Homeowners Auto Boat Contractors
 Commercial & General Liability Business Owners
 Other _____

Does insured need Life and/or Disability Insurance for the racers? Yes No

If yes, please fill out Life/Disability Form on our website www.motorsportcoverage.com

If no, please initial here _____

Capacity is the nation's 56th largest insurance broker offering a wide array of insurance and financial products. Please visit our website at www.capcoverage.com

I look forward to serving you,

Patrick P. Lull

Motorsport Coverage
Capacity Coverage
One International Blvd.
Mahwah, NJ 07495
Plull@capcoverage.com
201 661-2375
201 661-7323 fax

Please indicate: 1) The method of payment VISA MC Faxed Check
2) When does the applicant need coverage by? _____
3) How long has the applicant gone without coverage? _____

On track insurance appears to be an expensive luxury while there are no incidents....until there is an incident. Then it appears to be relatively inexpensive in comparison to \$10K \$20K \$30K or more, out of pocket repairs expenses.

Please list any safety and performance modifications:

Modification:

Price Value:

