



5800 Explorer Drive, Suite 101
 Mississauga, ON Canada L4W 5K9
 (800) 753-2632 Fax (905) 602-9141
 www.kandkcanada.com
 email: kk_canada@kandkcanada.com



MOTORSPORTS OFF-COURSE AND STORAGE APPLICATION

Effective Date of Coverage: _____

- Full Name of Insured as it is to appear on policy: _____
 Mailing Address: _____
 City: _____ Prov: _____ PC: _____
 Contact Person: _____ Title: _____
 Daytime Phone: (____) _____ Evening Phone: (____) _____
 Fax: (____) _____ Email: _____
 Website: _____

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

Driver's Name	Date of Birth	License #	Province Issued In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Sanctioning Body:

Vintage Auto Racing Association of Canada membership number: _____
 Another Association or Club Membership: _____

- PLEASE ATTACH RACING SCHEDULE AND PHOTOGRAPHS**

UNDERWRITING CRITERIA

All questions MUST be fully answered. Policy subject to \$1,000 fully earned premium.

1. BUILDING

a. Primary storage location address:

Street: _____
 City: _____
 Province: _____
 Postal Code: _____

- b. Construction:** Wood Frame Metal Frame
 Concrete Block Poured Concrete/Steel
 Fire Resistive Other _____

c. Age of building: _____

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. How many doors? _____ Locked? Yes No

g. How many windows? _____ Locked? Yes No

h. Does building have burglar alarm? Yes No

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

j. Type of alarm: _____

k. Is there a sprinkler system? Yes No

l. Is there a smoke alarm? Yes No

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

n. Type of alarm: _____

o. Are flammables stored in garage? Yes No

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

a. Secondary storage location address (if applicable):

Street: _____
 City: _____
 Province: _____
 Postal Code: _____

- b. Construction:** Wood Frame Metal Frame
 Concrete Block Poured Concrete/Steel
 Fire Resistive Other _____

c. Age of building: _____

d. How far to nearest hydrant: _____

e. How far to nearest fire station: _____

f. How many doors? _____ Locked? Yes No

g. How many windows? _____ Locked? Yes No

h. Does building have burglar alarm? Yes No

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

j. Type of alarm: _____

k. Is there a sprinkler system? Yes No

l. Is there a smoke alarm? Yes No

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

n. Type of alarm: _____

o. Are flammables stored in garage? Yes No

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

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 permanently stored in/on trailer? Yes No

b. Type of trailer? Open Enclosed

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

4. ADDITIONAL UNDERWRITING

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

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

Year	Company	Limit of Insurance	Losses	Premium

6. Loss Payee:

Name: _____ Contact Name: _____

Mailing Address: _____ City: _____ Prov: _____ PC: _____

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 (MM/DD/YY)

Date (MM/DD/YY)