



5800 Explorer Drive, Suite 101  
 Mississauga, ON L4W 5K9  
 905-602-9339 or 800-753-2632  
 Fax: 905-602-9141  
 www.kandkcanada.com  
 K&K Insurance Brokers, Inc. Canada

## Motorsports Racing Owners & Sponsors Liability

### PART A : APPLICANT INFORMATION

Name of Insured (as it will appear on policy): \_\_\_\_\_

Doing Business as: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Name of **Agency/Brokerage:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

1. Insured is:  Corporation  Partnership  Joint venture  Other: \_\_\_\_\_

2. In what province is the insured headquartered/chartered? \_\_\_\_\_

3. Policy term requested: From: \_\_\_\_\_ To: \_\_\_\_\_

### PART B: COVERAGE INFORMATION

1. Sanction Affiliation/Classification: \_\_\_\_\_ Racing Series: \_\_\_\_\_

2. Number of Competition Vehicles Entered: \_\_\_\_\_

3. Estimated Number of Events: \_\_\_\_\_ Schedule of Racing Events (Please Attach)

4. Promotions/Activities not related to competition event: \_\_\_\_\_  
 \_\_\_\_\_

5. Describe Liability Claims incurred in the previous three years: \_\_\_\_\_  
 \_\_\_\_\_

6. Driver(s) Name(s): \_\_\_\_\_  
 Experience: \_\_\_\_\_

7. Additional Insured(s) to be listed on policy Relationship to Team (Sponsor, Owner, Driver)

_____	_____
_____	_____
_____	_____
_____	_____

8. Are owners, sponsors, and/or participants (including drivers) added as Additional Insureds to the policy of:

- a) Facility
- b) Promoter
- c) Sanctioning Body

9. Limits of Insurance required: \$ \_\_\_\_\_  
**Deductible:** \$ \_\_\_\_\_

I understand that K&K Insurance Brokers, Inc., or 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 others, 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 this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent/Broker: \_\_\_\_\_



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## RACE TEAM OWNER/SPONSOR ANNUAL AUDIT

Team Name: \_\_\_\_\_

For the months of: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please specify if the event is a race or a test session.

Event Date	Location (City & Province)	# of Vehicles	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL PREMIUM:** \$ \_\_\_\_\_  
**PAYMENT ENCLOSED:** \$ \_\_\_\_\_

Reported by: \_\_\_\_\_ Dated: \_\_\_\_\_

This report indicates the dates and events that we are aware of for the months of \_\_\_\_\_

Please make any changes and/or corrections and return this form, **along with the applicable premium**, to be received in our office prior to the fifth (5th) of \_\_\_\_\_. Failure to comply may result in policy cancellation.

Make cheques payable to: **K&K Insurance Group Canada**      Mail To: **K&K Insurance Brokers, Inc. Canada**  
**5800 Explorer Drive, Suite 101**  
**Mississauga, ON**  
**L4W 5K9**

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_