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DRAG RACE INSURANCE APPLICATION

1	Named Insured:
2	Contact Name:
3	Address:
4	E-mail:
5	Telephone Number:
6	Fax Number:
7	Mobile Number:
8	Garaging address if different than above:

9 Details of Vehicle to be insured:						
	Make	Model	VEHICLE ID#	Age	Rolling Chassis Value	Engine and Gearbox Value
1						
2						
3						
4						
5						

WHAT CLASS IS VEHICLE:

STOCK
 SUPER STOCK
 SUPER STREET
 SUPER GAS
 OTHER

ARE ANY OF THE VEHICLES*** IF YES, PROVIDE DETAILS**

SOFT TOP OR CONVERTIBLE?

MODIFIED OR ALTERED FROM MAKERS STANDARD SPECIFICATIO

LEASED OR THE PROPERTY OF ANY PERSON OTHER THAN NAMED INSURED

TO BE USED FOR BUSINESS PURPOSES INCLUDING TRAVEL TO AND FROM PLACE OF WORK

PROVIDE ADDITIONAL INFORMATION HERE:

Cover will be arranged based on the Market Values stated in question 9 unless stated otherwise.

If alternative Sums Insured to the Market Value are required then please state below:

Requested Sum Insured per event:

Requested Deductible per event:

Is the interest of any other party to be noted on the policy where the vehicle is either leased, subject to a loan or the property of another person other than the Proposer.

YES

NO

If YES please give details:

Race Series and/or details of number of races and testing:

Provide name of race track and testing facilities

Details of Drivers

	NAME DRIVERS LIC #	DETAILS OF EXPERIENCE	DATE OF BIRTH OCCUPATION
1			
2			
3			
4			
5			

Have any of the drivers named above had claims or any accidents, which would have given rise to an insurance claim in the last three years?

YES NO

If yes, please give details:

Date	Details	Total Claimed

GENERAL

Name of previous insurer:

Date of expiry of policy:

Policy Number:

Have you or any director or partner in the business or any person to be insured:

- a) Had any proposal or insurance declined, cancelled, refused or made subject to increased rates or special terms? YES NO
- b) Been convicted of any criminal offence involving dishonesty of any kind, e.g. fraud, theft, or handling of stolen goods? YES NO
- c) Been declared bankrupt or insolvent? YES NO

If Yes to any of the above, please provide details:

Are you an active member of the PSCA, NHRA, IHRA or similar ____yes ____no

I/We declare that according to my/our knowledge and belief the answers given in the proposal form are true and complete and I/we have disclosed all material facts.

I/We agree that any information contained herein or provided in conjunction with the information contained herein by any person other than myself/ourselves that said person is my/our agent for that purpose.

I/We understand that non-disclosure or misrepresentation of a material fact may entitle the Underwriter to void the insurance.

I/We understand that Underwriters will determine their assessment or acceptance of the risk, and therefore their terms and conditions, upon the information provided in connection with this proposal.

I/we further understand that the signing of this proposal does not bind me/us to complete or the Underwriter to accept this insurance.

Name (please print):.....

Position:.....

Signed:.....

Date:.....

