



## **ON TRACK MOTOR RACING INSURANCE PROPOSAL**

### **General**

<b>Insured Name(s):</b> (Policy holder and payee in the event of a claim)

<b>Contact Name:</b>				
<b>Postal Address:</b>				
<b>Telephone No.</b>	<b>Business:</b>		<b>Mobile:</b>	
<b>Email:</b>			<b>Website:</b>	

### **Insured Vehicle**

<b>Year Make Model:</b>				
<b>VIN / Chassis No.:</b>				
<b>Vehicle Value</b>	<b>Value of Complete Car:</b>	\$	<b>Value <u>Less</u> Engine &amp; Gearbox:</b>	\$
<b>Sum Insured:</b>	\$			

### **Named Driver(s):** *Please attach separate page if insufficient space*

<b>Driver (1) Name:</b>	
<b>Previous On Track and Competition Experience:</b> Please include category type(s) and year(s) of participation if applicable	

### **Driver (1) Accident History:** *Please attach separate page if insufficient space*

<b>Please list all insured or uninsured on-track incidents resulting in fire and/or impact damage whether at fault or not</b>



**Named Driver(s) Continued:** *Please attach separate page if insufficient space*

<b>Driver (2) Name:</b>	
<b>Previous On Track and Competition Experience: (Please include year and category type if applicable)</b>	

**Driver (2) Accident History:** *Please attach separate page if insufficient space*

<b>Please list any previous on-track incidents resulting in fire and/or impact damage whether at fault or not</b>

**Schedule of Events Requiring Insurance:** *Please attach separate page if insufficient space*

<b>Name of Event / Race Series:</b>	
<b>Number of Race Meetings:</b>	
<b>Number of Test Days:</b>	
<b>Other:</b>	

Failure to disclose a material fact (any fact likely to influence the Insurers acceptance or assessment of this proposal) will render the insurance voidable. 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 proposal will be supplied on request. This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance. I understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance.

<b>Signed:</b>	
<b>Name: (Please Print)</b>	
<b>Position: Eg. Owner, Driver, Team Manager</b>	
<b>Date:</b>	

**Please return completed, signed and dated proposal form to:**

**John Sanders: [jsanders@affinityib.com.au](mailto:jsanders@affinityib.com.au) / PO Box 601 Moorabbin VIC 3189 / Fax (03) 8587 7700**



**Notes and Additional Information:**