

**DRAG RACING PROGRAM PHYSICAL DAMAGE APPLICATION**

*Off Course Coverage*

**Gulfway Insurers of Hudson, Inc.**

12701 U.S. Highway 19  
Bayonet Point, FL 34667

Phone (800) 940-5010 or (727) 863-5451 Fax (727) 862-3003

Office use: Quote Date	Annual Premium \$ _____	Deposit Premium \$ _____	Effective Date
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Applicant:			
Mailing Address:			
City:		State:	Zip:
Residence Address (if different)			
City:		State:	Zip:
Social Security# (of named insured or corporate officers)			
Contact Person:		NHRA & or IHRA License #	
Home Phone:( )	Business:( )	Fax:( )	
Occupation:		Employer's Name:	
Employer's Address:	City:	State:	Zip:
Drivers License #	Date of Birth:		Lic. State:

Policy Deductible	\$1,000 _____	\$2,500 _____	\$5,000 _____
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**RACE CAR (ATTACH PHOTO)**

Mfg Year	Model Year	Make & Model	Class
Chassis Cert. #	Chassis Mfg		Chassis material: Mild Steel _____ Chromoly _____
Motor Type	Heads	Cu. In.	Wheel Base #of single Carbs Blower: Yes No
Fuel Used: Gas _____ Alcohol _____ Nitro _____ Nitrous _____	Fuel System: Electric _____ Manual _____		Type _____
Ignition: MSD _____ Mallory _____ Accell _____ Other _____	Third Member: Cast _____ Aluminum _____		Battery On/Off Switch Yes No
Transmission Type	Axles Type	Spline	Shocks
Roller Less 3rd Member Value \$ _____			

<b>TOTAL RACE CAR VALUE</b>	<b>\$</b> _____
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**TRAILER (ATTACH PHOTO)**

*\*MUST BE COMPLETED EVEN IF NOT INSURING TRAILER*  
*ENCLOSED TRAILER REQUIRED FOR RACE CAR TO BE ELIGIBLE IN THIS PROGRAM*

Year	Make	Serial #	Length	Fifth Wheel: Yes No
GVW	Brakes: Air _____ Hydraulic _____ Electric _____		Break-away Switch: Yes No	Axles # _____ Air _____ Spring _____ Torsion _____
Floor Type: FRP _____ Steel _____ Wood _____ Aluminum _____			Generator Mfg	Year _____ Watts _____
Air Compressor Type		Roof Air: Yes No	# of Units _____	Motor Changer: Yes No _____ Parts Washer: Yes No _____
Lounge: Yes No	Routine Safety Check: Yes No		Safety Equipment: Fire Extinguisher _____ Road Reflectors _____ Other _____	
When Transporting, is race car secured with at least four separate (or appropriate number) tie down straps: Yes No				
Security Protection used when unattended: Padlock: Yes No _____ Brand _____ is hitch locked at all times? Yes No				
Do you have a Trailer Awning? Yes No _____ If Yes and coverage is desired, indicate value \$ _____				

<b>TOTAL TRAILER VALUE INCLUDING AWNING VALUE</b>	<b>\$</b> _____
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**UNLISTED TOOLS, EQUIPMENT AND SPARE PARTS**

UNSCHEDULED PROPERTY (ITEMS UNDER \$10,000) TOTAL VALUE \$

DESCRIBE SCHEDULED PROPERTY (over \$10,000 in value each item, attach separate sheet if necessary)	Value
1	\$
2	\$
3	\$
TOTAL SCHEDULED VALUE	\$

**GRAND TOTAL (RACE CAR, TRAILER, AWNING & PARTS)** \$

**STORAGE (ATTACH PHOTO OF STORAGE BUILDING)**

Storage Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Information: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Light Industrial \_\_\_\_\_ Rural \_\_\_\_\_ Year Built \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_

Construction: Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Non-Combustible \_\_\_\_\_ Other \_\_\_\_\_

Protection: Dead Bolt Locks: Yes \_\_\_\_\_ No \_\_\_\_\_ (Required) Guard Dog: Yes \_\_\_\_\_ No \_\_\_\_\_ Security Guard: Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm System: Yes \_\_\_\_\_ No \_\_\_\_\_ Mfg or Brand \_\_\_\_\_ Automatic Sprinkler: Yes \_\_\_\_\_ No \_\_\_\_\_

Yard Area: Fenced: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_ Height \_\_\_\_\_ Is Yard Fully Enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

Padlock: Yes \_\_\_\_\_ No \_\_\_\_\_ Lighted: Yes \_\_\_\_\_ No \_\_\_\_\_ Guard Dog: Yes \_\_\_\_\_ No \_\_\_\_\_ Security Guard: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Vehicle used to pull trailer: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Maximum number of hours driven in one day: \_\_\_\_\_ Average number of races per year: \_\_\_\_\_

**List drivers of transporting vehicle** List name as shown on Drivers's License

Name	Date of Birth	Sex	Drivers License Number	Lic. State

Has any driver: Had their License suspended or revoked In the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Been convicted of a moving violation in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Been convicted of any drug or alcohol related violations in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Been involved in a motor vehicle accident in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Losses-** Any Losses in the last 5 years whether insured or not (description, amount paid and date of Loss)

**Have you had any Motorsports Insurance cancelled, non-renewed or declined in the past 5 years? Y or N If yes, please explain.**

**Lienholder: Race Car \_\_\_\_\_ Trailer \_\_\_\_\_**

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

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAIR CREDIT REPORTING ACT**

Important notice regarding the Fair Credit Reporting Act. In making this application for insurance it is understood that as a part of our underwriting procedure, an investigative consumer report or credit report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others who are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for the address of the company handling your account.

I understand that any false statement by me will cause the policy, if issued, to be void as provided by the conditions of the policy. I agree this information shall become the basis for the policy, if issued, and will become part of my file. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_