

**GULFWAY INSURERS OF HUDSON, INC.**  
**12701 US HIGHWAY 19**  
**BAYONET POINT, FL 34667**  
**PHONE (727) 863-5451**  
**(800) 940-5010**  
**FAX: (727) 862-3003**  
**Email: Staff@racensur.com**

Office Use: Quote \_\_ Issue: \_\_\_\_\_  
Annual Premium: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
OPF \_\_\_\_\_

## MOTORSPORTS PROGRAM - PHYSICAL DAMAGE APPLICATION

### GENERAL INFORMATION

Named Insured \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Address (if Different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_  
Social Security # (of insured &/or Corporate Officers) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Average Number of races per year \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer's Name \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ License State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sanctioning Body/Association or Club \_\_\_\_\_

### STORAGE BUILDING INFORMATION (ATTACH PHOTO)

1. Storage Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Building Information: Residential\_\_ Commercial\_\_ Light Industrial\_\_ Rural\_\_ Year Built \_\_\_\_\_  
Owned\_\_ Leased\_\_ Construction: Frame\_\_ Masonry\_\_ Non-Combustible\_\_ Other \_\_\_\_\_
3. Security Protection (check all that apply)  
\_\_ Vehicle garaged inside building, if not please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_ Dead bolt locks, if none, describe locking devices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_ Automatic Sprinkler Systems \_\_\_\_\_  
\_\_ Fire Extinguishers \_\_\_\_\_  
\_\_ Barred Windows \_\_\_\_\_  
\_\_ Alarm (if yes type & Manufacturer) \_\_\_\_\_  
\_\_ Lighted Yard \_\_\_\_\_  
\_\_ Yard fully enclosed with padlock \_\_\_\_\_  
\_\_ Guard Dog \_\_\_\_\_  
\_\_ Security Guard \_\_\_\_\_
4. Description of transporting vehicle used to pull trailer: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
5. Present Auto Liability Insurance Company for transporting vehicle and expiration date: \_\_\_\_\_  
\_\_\_\_\_
6. Any losses in the last 5 years whether insured or not (describe, amounts paid and date of loss):  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you had any Motorsports Insurance cancelled, non-renewed or declined in the past 5 years? Yes or No If yes, please explain.

8. Driver Information (list of drivers of transporting vehicle):

Name	Date of Birth	Sex	Drivers License Number	License State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

9. In the past 5 years has any driver:

Had their license suspended or revoked?	Yes__ No__
Been convicted of a moving violation?	Yes__ No__
Been convicted of any drug or alcohol related violations?	Yes__ No__
Been involved in a motor vehicle accident?	Yes__ No__

If yes, explain \_\_\_\_\_

10. Deductible: \$1,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_

**RACE CAR INFORMATION (ATTACH PHOTO)**

- Mfg. Year \_\_\_\_\_ Model Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Series or Class: \_\_\_\_\_
- Chassis Mfg. \_\_\_\_\_ Chassis Material: Mild Steel \_\_\_\_\_ Chrome Molly \_\_\_\_\_
- Motor Type/Mfg. \_\_\_\_\_ Heads \_\_\_\_\_ Cu. In. \_\_\_\_\_ Wheel Base \_\_\_\_\_
- Fuel Used: Gas\_\_ Alcohol\_\_ Battery On/Off Switch: Yes\_\_ No\_\_ Computer Type \_\_\_\_\_
- Ignition Mfg. \_\_\_\_\_ Third Member: Cast \_\_\_\_\_ Aluminum \_\_\_\_\_
- Transmission Mfg. \_\_\_\_\_ Axles Mfg. \_\_\_\_\_ Spline \_\_\_\_\_
- Cost of Chassis Construction:\$ \_\_\_\_\_ Cost of Motor, Transmission and Third Member:\$ \_\_\_\_\_

Lienholder: Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Complete Race Car Value \$ \_\_\_\_\_**

**EQUIPMENT & SPARE PARTS**

1. Unscheduled Property (items under \$10,000) **Total Value \$ \_\_\_\_\_**

2. Describe Scheduled Property (over \$10,000 in value each item, attach separate sheet if necessary)

A. _____	Value \$ _____
B. _____	Value \$ _____
C. _____	Value \$ _____
D. _____	Value \$ _____

**Total Scheduled & Unscheduled Value \$ \_\_\_\_\_**

**TRAILER INFORMATION (ATTACH PHOTO)**

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

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Serial # \_\_\_\_\_
2. Length \_\_\_\_\_ GVW \_\_\_\_\_ Fifth Wheel: Yes\_\_ No\_\_ Break-Away Switch: Yes\_\_ No\_\_
3. Brakes: Air\_\_ Hydraulic\_\_ Electric\_\_ Axles #\_\_ Air\_\_ Spring\_\_ Torsion\_\_
4. Generator Mfg. \_\_\_\_\_ Year \_\_\_\_\_ Watts \_\_\_\_\_ Floor Type: FRP\_\_ Steel\_\_ Wood\_\_ Aluminum\_\_
5. Air Compressor Type \_\_\_\_\_ Roof Air: Yes\_\_ No\_\_ # of Units\_\_ Motor Changer: Yes\_\_ No\_\_
6. Parts Washer: Yes\_\_ No\_\_ Lounge: Yes\_\_ No\_\_
7. Trailer Awning: Yes\_\_ No\_\_ If yes, cost of Awning \$ \_\_\_\_\_
8. Routine Safety Check: Yes\_\_ No\_\_ Safety Equipment: Fire Extinguisher\_\_ Road Reflectors \_\_\_\_\_
9. When transporting, is race car secured with at least four separate (or appropriate number) tie down straps: Yes\_\_ No\_\_
10. Security protection used when unattended: Padlock: Yes\_\_ No\_\_ Brand \_\_\_\_\_
11. Is hitch locked at all times? Yes\_\_ No\_\_ Alarm: Yes\_\_ No\_\_ Brand \_\_\_\_\_

Lienholder: Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trailer Value \$** \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_  
**(RACE CAR, TRAILER & EQUIPMENT)**

**FAIR CREDIT REPORTING ACT**

Important notice regarding the Fair Credit Reporting Act. In making this application for insurance it understood that as a part of our underwriting procedure, an investigative consumer report and 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 and credit 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 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 \_\_\_\_\_