

Motorsport Proposal Form

1. Full names of all partners/directors and relevant experience
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.....
2. Trading Name
.....
3. If limited company, state company registration number
.....
4. Address for correspondence and telephone number
.....
.....
Post Code:..... Tel. No:.....
Email:..... Fax No:.....
Website:..... Mobile:.....
5. Addresses of all circuits where insurance cover is to apply
 - a)
 - b)
6. Business Description **(please list all activities provided at your venue. Cover will only be provided for the activities listed)**
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.....
.....
7. How long has your business been established?
.....
8. To assist us in obtaining the best possible quotation from insurers, please enclose the following (where available) when returning the form: -
 - a) 2 x copy brochures
 - b) A copy of your current disclaimer
 - c) A copy of your current association membership certificate (if applicable)
 - d) A copy of any employee training certificates, i.e. First Aid training, marshal courses

It would also assist if you could enclose a plan of the track layout indicating the position of:

 - i) Marshall Posts
 - ii) Race commentator
 - iii) Fire extinguishers
 - iv) First aid posts
 - v) Refuelling area

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16. What extra safety precautions do you take to safeguard children?
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.....
17. Do you allow driving by children?.....
If so: i) what is the minimum age?.....
ii) maximum age?.....
iii) how much of you turnover applies to this?.....
18. Do you sell food or non-alcoholic beverages?.....
19. Are you licensed to sell alcohol ?.....

GENERAL QUESTIONS

1. Are you a member of any Association related to your business?.....
If so, please give details:
.....
2. When is your financial year end?.....
3. Please give name and address of your accountants
.....
.....
.....
4. Are you presently insured?.....
If so, please give:

Name of insurance company.....
Expiry date.....
Last years renewal premium paid.....

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5. Have there ever been any incidents of loss, damage or injury resulting in a claim, whether insured or not?

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If so, please give details below :

Date	Details of incident	Amount paid
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6. Have there ever been any other incidents involving injury or damage to other persons or their property where a claim was not pursued against you?

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DECLARATION

I/We declare that all statements and particulars given by me/us have been checked as correct and that no material fact has been omitted, misrepresented or misread and I/We are not aware of any other circumstances likely to affect the risks proposed.

I/We agree that the statements made shall form the basis of the contract between the Insurer's and myself/ourselves. I/We undertake to pay the premium when called upon to do so when insurance cover has been effected.

I/We also agree to pay any additional premium due following adjustment of the policy in accordance with the conditions contained within the policy.

I/We confirm that I/We have never been refused and/or declined insurance and/or asked to pay increased premium and/or had special terms imposed.

Date..... Proposer's Signature

Notice to all Proposers: If a material fact is not disclosed in this proposal the policy issued may be of no effect.

Please return the completed form to: -

**AE Taylor Insurance
142 Drake Street
Rochdale
Lancashire
OL16 1PU**

**Tel: 01706 666 000
Fax: 01706 666 010**

**Email: sports@aetaylor.com
Web: www.aetaylor.com/motorsport**