

1712 Magnavox Way P.O. Box 2338 Fort Wayne, IN 46801-2338 (800) 348-1839 Fax (260) 459-5102 www.kandkinsurance.com CA# 0334819

RACE TEAM SUPPLEMENTAL QUESTIONNAIRE

Use in conjunction with Acord General Liability & Automobile applications

1. Under the named insured on your application, do you other than your race team?	engage in any business operations,	☐ Yes	☐ No
If yes, please respond to the following:		— 103	_ 110
Description of operations:			
Name(s) under which the business operates:	Please list the carrier(s) that	provides cov	erage:
2. Do you manufacture, sell, lease and/or rent vehicles,	engines or related parts or equipment?	☐ Yes	□ No
If yes, please respond to the following: Description of operations:			
Please list the carrier(s) that provides coverage:			
3. Do you service or repair vehicles or equipment other	than your own?	☐ Yes	☐ No
If yes, please respond to the following: Description of operations:			
Please list the carrier(s) that provides coverage:			
4. Do you use any of the vehicles included on your auto other than your race team?	application for any other business that you	operate,	☐ No
If yes, please describe below, including which vehicles, the	name the vehicle is titled to and an explanation	of vehicle use	e
PLEASE NOTE: Our Race Team policies exclude Prod Shop exposures. K&K has a Products Liability Departm builders and similar types of operations. Please contact to	nent that specialize in placing coverage for	r fabricators,	-
I understand that the insurance company in determining wh information contained in the application and all other informa- to the best of my knowledge, all information provided is com	ation being submitted. I hereby warrant, repr		
Applicant's Signature	Producer's Signature (if applicable)		
Applicant's Name (print)	Producer's Name (print)		
Date (MM/DD/YY)	Date (MM/DD/YY)		