

Competition Kart Policy Application

Personal Information

Name: _____

Address: _____

Res. Phone _____

Bus. Phone: _____

Effective Date: _____

Kart Information

Make: _____ Model: _____

Year: _____ Serial Number: _____

Value Must be Determine by ONE of the Following: Appraised Value: _____

OR

Bill of Sale: _____

Motor Information

Make: _____ Model: _____

Year: _____ Serial Number: _____

Value Must be Determined by ONE of the Following: Appraised Value: _____

OR

Bill of Sale: _____

Trailer Information

Make: _____ Model: _____

Year: _____ Serial Number: _____

Value Must be Determined by ONE of the Following: Appraised Value: _____

OR

Bill of Sale: _____

| | | |
|---------------------------------|--------------|-----------------|
| Total Value of Policy Required: | Kart(s) | \$ _____ |
| | Motor(s) | \$ _____ |
| | Tools | \$ _____ |
| | Equipment | \$ _____ |
| | Parts | \$ _____ |
| | Trailer | \$ _____ |
| | TOTAL | \$ _____ |

Take total premium, divide by 100, multiply by \$1.75

Policy Premium \$ _____

Policy Deductible \$500.00 for ALL Losses

Minimum Premium \$ 100.00

Signature of Insured (s) _____

Signature of Agent _____