



CREATIVE UNDERWRITERS CORPORATION
 140 EAST MAIN STREET, CARMEL, IN 46032
 1-800-769-4321 • Fax (317) 814-4794
 E-mail: Autoquotes@CreativeUnderwriters.com

RACING PROGRAM APPLICATION

1. GENERAL INFORMATION

Name _____ SSN or FEIN _____
 Mailing Address _____
 Garaging Location of Equipment Address _____
 Business Phone Number _____ Years Racing _____
 Requested Effective Date _____ Terms of Payment Installment Annual
 Any Losses in Last Three Years? Yes No If yes, explain. _____

Has any company ever canceled or refused to renew similar insurance? If yes, explain. _____

("Missouri Applicants – Do Not Respond")

Are all employees covered by Workers Compensation? Yes No

NOTE: ATTACH LIST OF SCHEDULE RACING EVENTS

2. COVERAGES AND LIMITS REQUESTED

<p>NOTICE REGARDING PIP and UM/UIM Coverages (New York Only - PIP and UM/SUM Coverages) If required by law in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for uninsured/underinsured motorists, (New York uninsured/supplementary motorists) and personal injury protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains the options and advises you of the cost of your selection(s). ATTACH FORMS TO THIS APPLICATION.</p>		
LIABILITY		PHYSICAL DAMAGE
<input type="checkbox"/> Combined Bodily Injury and Property Damage Liability	<input type="checkbox"/> Medical Payments Limits:	<input type="checkbox"/> Collision/Specified Causes of Loss or Specified Perils
Limits:	<input type="checkbox"/> Personal Injury (PIP) Limits:	Deductible – Refer to Schedule
<input type="checkbox"/>		
GENERAL LIABILITY		
General Aggregate \$		Each Occurrence \$
Products & Completed Operations Aggregate Subject to the general aggregate limit		Damage to Premises Rented to You (Any One Premises) \$ 100,000
Personal & Advertising Injury (any one person or organization) \$		Medical Expense (Any One Person) \$ 5,000
INLAND MARINE		
TYPES	LIMITS	DEDUCTIBLE
a. Specifically Scheduled Property (See Schedule)		\$
b. Tools		\$
c. Unscheduled Property		\$

3. VEHICLES TO BE COVERED (Attach separate sheet if necessary)

IMPORTANT: Truck values are constantly changing. Be sure the amounts of the insurance requested reflect the actual cash value of the units.

LIST RACING VEHICLE UNDER "OTHER PROPERTY TO BE COVERED"

Auto No.	Owned	Leased	Model Year	Manufacturer	17 Digit Vehicle Identification No.	Vehicle Type *See Below
	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Actual Cash Value		Physical Damage Deductible	List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	
Loss Payee Name				Loss Payee Address		

Auto No.	Owned	Leased	Model Year	Manufacturer	17 Digit Vehicle Identification No.	Vehicle Type *See Below
	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Actual Cash Value		Physical Damage Deductible	List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	
Loss Payee Name				Loss Payee Address		

Auto No.	Owned	Leased	Model Year	Manufacturer	17 Digit Vehicle Identification No.	Vehicle Type *See Below
	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Actual Cash Value		Physical Damage Deductible	List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	
Loss Payee Name				Loss Payee Address		

Auto No.	Owned	Leased	Model Year	Manufacturer	17 Digit Vehicle Identification No.	Vehicle Type *See Below
	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Actual Cash Value		Physical Damage Deductible	List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	
Loss Payee Name				Loss Payee Address		

*** VEHICLE TYPE**

TRACTORS	TRUCKS	SEMI-TRAILERS	FULL-TRAILERS
Cabover	Flatbed	Dry Van	Dry Van
Conventional	Straight Truck	Soft Side	Soft Side
	Pickup	Flatbed	Flatbed
		Unidentified	Unidentified

4. OTHER PROPERTY TO BE COVERED (Attach separate sheet if necessary.)

IMPORTANT: Racing vehicle description must include model, year, manufacturer and vehicle identification number.

SCHEDULED PROPERTY NUMBER	DESCRIPTION	LIMIT	DEDUCTIBLE
LOSS PAYEE NAME		LOSS PAYEE ADDRESS	

SCHEDULED PROPERTY NUMBER	DESCRIPTION	LIMIT	DEDUCTIBLE
LOSS PAYEE NAME		LOSS PAYEE ADDRESS	

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LOSS PAYEE NAME		LOSS PAYEE ADDRESS	

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LOSS PAYEE NAME		LOSS PAYEE ADDRESS	

SCHEDULED PROPERTY NUMBER	DESCRIPTION	LIMIT	DEDUCTIBLE
LOSS PAYEE NAME		LOSS PAYEE ADDRESS	

5. DRIVER INFORMATION: (Attach separate sheet if necessary.)

(List all part-time, full-time, family, or occasional drivers of tractor or tow unit.)

Driver's Name (As on Driver's License)	Date Of Birth	Driver's License No. and State Where Licensed	Years Licensed	Years Driving Similar Vehicle

6. PREVIOUS INSURANCE EXPERIENCE – MUST BE COMPLETED:

COVERAGE	YEAR		CARRIER	POLICY NUMBER	PREMIUMS	PAID LOSSES	RESERVES	NO. OF CLAIMS	TYPE OF CLAIM
Auto Liability		To To To							
Auto Physical Damage		To To To							
General Liability		To To To							
Inland Marine		To To To							
Additional Claims Information:									
Additional Insured(s) Name & Address:									

APPLICANT

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

PRIVACY NOTIFICATION: A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED TO AFFILIATED AND NON-AFFILIATED COMPANIES FOR NON-INSURANCE MARKETING PURPOSES, UNLESS YOU WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY AND DIRECT US NOT TO MAKE SUCH DISCLOSURE.

YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

APPLICANT AGREES to furnish, promptly, driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed. Agent and/or Broker guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO FLORIDA APPLICANTS: 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.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Applicant's Signature _____ Date Application Completed _____

BROKERING AGENT'S REGISTER # _____

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is Bound effective _____ (time) _____ (date); Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent _____

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

MUST BE SIGNED BY APPLICANTS:

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting. **I have read this application and all of the responses are mine and not supplied by the producer, agent or company.**

I hereby represent that the information above is true.

Date Application Completed _____	Name & Address of Producer _____
Applicant's Signature _____	Producer Federal ID# _____
Licensed Agent of the Company _____	Producer Phone Number _____
Licensed Agent ID# _____	Producer Signature _____