Tolrip
Specialty Insurance Broker

CURBSTONE TRACK EVENTS

PROPOSAL FORM FOR PHYSICAL LOSS OR DAMAGE ON TRACK INSURANCE

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED

Complete this form and mail to: cpirlot@tolrip.com

Insured Name and Address:

Other Contact details:

Telephone Number(s):

E-mail address:

Please give details of vehicle to be insured:

Legal Owner (if different from Insured):	
Age, Make and Model:	
Total Value (TV):	
Sum Insured required: *Min.50% of the Total Value*	

Please give details of track days activities to be insured:

Event:	**CURBSTONE TRACK DAYS**
Number of Track days to be insured:	
Date(s) and Venue(s):	

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Please give details of Named Driver(s) to be insured including date(s) of birth and previous 3 years racing experience:

Name	Date of Birth	Previous racing experience

Please give details of any claims made or incidents incurred in the previous 3-year period, whether insured or not:

CONTACT
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DECLARATION
To the best of my/our knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a *material fact will entitle Underwriters to void the Insurance.
NOTE: * A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your Broker.
It is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the Proposer(s) agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/we the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

Signature: _____   Date: _____

Name: _____   Position: _____