



## 2011 On Track Physical Damage Program Firestone Indy Lights Coverage

### Overview

- Individual Team/Car/Driver Policy
- Insurer will consider some modifications to coverage
- NO more than 10 individual policies are available.
- There is no required minimum participation. Insurer will write one or up to ten policies.
- Pricing is based on your driver/team past experience and will follow forward if you have a relatively loss free year.
- Program does exclude all testing (open and private).
- Insurer is rated A+ XV by A.M. Best

We have designed and managed this coverage previously and have the longest history and depth of experience to provide the best service so you may just “go racing.”

Please submit your application for quotation to determine your season premium.

For more information or other coverage information please contact:

Adam J. Borgens

(317) 514-6810

AJ@SpecialityRiskManagers.com

Mike Deer

(317) 435-4563

Mike@SpecialityRiskManagers.com



# 2011 On Track Physical Damage Program Firestone Indy Lights Coverage—Details

**Policy Period:** 3/24/2011 to 12/31/2011

**Insured:** **Firestone Indy Lights Series**  
Individual Team Owners

**Company:** **Ace/Westchester Surplus Lines affiliated company**

**Coverage:** Quotation: Racing Teams under the Firestone Indy Lights Racing Program

Effective Date: 3/24/2011

Expiration Date: 12/31/2011

Company: Illinois Union (Surplus Lines)

Inland Marine Coverage - On Track Racing Manuscript policy form

Coverage: Direct Physical loss as a result of; Fire and lightning; Collision or Upset, to Covered Property subject to the terms, conditions and exclusions in the policy forms and as may be specified in this quote. Covered property is the scheduled racing car but will not cover the engine, wheels, tires, or consumables.

**Limits:** Limits (per driver/car) \$175,000 per occurrence/ \$500,000 policy aggregate  
(maximum payable)

**Deductible:** 5,000 per occurrence

**Terms:** Valuation: Replacement cost

**Terms and conditions**

The program is offered to racing members of the Indy Lights racing program. Individual policies will be issued for the respective members that are insured through this program. Each racing member will have to submit an application for individual underwriting and pricing. Pricing will be based off specific driver's experience and the racing cars to be insured. The policy will allow change of drivers and cars due to acceptable circumstances. All drivers have to be enrolled at the beginning of the racing season. The maximum amount of drivers this program can insure is 10.

**Coverage under two of more coverage parts:**

Unless specifically stated herein, property covered under one coverage part of this policy is automatically excluded under any other coverage part.

This quote is valid for 60 days from the date sent to you or until the effective date shown below, whichever comes first.

**Note: 80% Minimum Earned Premium in the event of cancellation.**

**Exclusions:** Exclusions Per the manuscript form. Terms and conditions may not comply with coverage specifications submitted. Quotations or indications are valid for 30 days or until effective date, whichever occurs soonest. Please note that this is not an authorization to bind. Written confirmation from our office is required to bind coverage.



**ON-TRACK APPLICATION -FIRESTONE INDY LIGHTS 2011  
SPECIALTY RISK MANAGERS/GROVE INSURANCE AGENCY**

Please submit to: [AJ@specialtyriskmanagers.com](mailto:AJ@specialtyriskmanagers.com) or fax to (317) 852-5595 Phone: 317-514-6810

**Proposer Details**

Named Insured: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**On Track Details**

Vehicle to be Insured: Dallara \_\_\_\_\_ Chassis Number: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Owner (If different than insured): \_\_\_\_\_

Value of Complete Car including engine& gearbox: \$ \_\_\_\_\_ Excluding engine & gearbox: \$ \_\_\_\_\_

Limit: \$500,000 Self Insured Retention: \$5,000 Race Series: Firestone Indy Lights/Indy Racing League

Number of Races: \_\_\_\_\_ Number of Tests: N/A Length of Races/Tests: SEE ATTACHED

**Driver Details**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE ATTACH DRIVER FULL PROFESSIONAL RESUME**

In the past 3 years, have any of the listed drivers had an On Track accident/incident that would have been covered under this application? **(Please Circle) YES NO If yes, please give details:**

2008-Race Series: \_\_\_\_\_ No. of Incidents: \_\_\_\_\_ Estimated Damage: \$ \_\_\_\_\_

2009-Race Series: \_\_\_\_\_ No. of Incidents: \_\_\_\_\_ Estimated Damage: \$ \_\_\_\_\_

2010-Race Series: \_\_\_\_\_ No. of Incidents: \_\_\_\_\_ Estimated Damage: \$ \_\_\_\_\_

Failure to disclose a material fact (any fact likely to influence the Insurers acceptance or assessment of this proposal) will render the insurance void. If you are in any doubt about facts, which might be considered material, you should disclose them. You are advised to keep a record, including copies of letters, of all information supplied for the purpose of entering into the contract. A copy of this proposal will be supplied on request.

This proposal and the information provided in connection therewith contain statements upon which Underwriters will rely in deciding to accept this Insurance.

I understand that the signing of this proposal does not bind me to complete or Underwriters to accept this insurance.

Name Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_