



PHYSICAL LOSS OR DAMAGE PROPOSAL FORM # _____ | DATED

General information:

Name - Proposer:			
Address:			
VAT n.:		Contact Name:	
Tel:		Fax:	
Email:		Mobile:	

Racing car - details of Vehicle/s to be insured:

Make:		Model:		
Chassis N.:		Numberplate:		Year:
Legal Owner:				
Full value:		Excluding engine and gearbox:		

Cover requested:	Limit of Indemnity each and every accident each car	Excess each and every accident each car	Maximum payout in all each car in the period (aggregate)
1. Accidental Damage and/or Fire coverage			
2. Additional Fire only coverage			

Event Details to be insured:

Race Series - Event:			
No. of Race Meetings:	1	No. of Test Days:	

More Information:

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Driver Details:				
Name:	Nationality	DOB	Licence since	Licence Years
				<input type="text"/>
Competition Experience (type of car used):	Experience with similar cars:		Races done in the last 3 years:	
	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Yes, with almost 10 races or with higher cl.		<input type="text"/>	<input type="text"/>
Competition Experience (type of races usually done):	Wins (Overall or by class)	Have the driver(s) had any accidents which would give rise to a claim in the past 3 years (even if not insured)?:		
<input type="radio"/> Regional <input type="radio"/> National <input type="radio"/> International <input type="radio"/> World championship	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
How many claims in the last 3 years:	If yes, please give number / circumstances / repair cost of any claim:			
<input type="text"/>	<input type="text"/>			

Extensions required and Special	
Engine and Transmission in respect of Accidental Damage and/or Fire?	<input checked="" type="radio"/> SI/YES <input type="radio"/> NO
Tax (VAT or equivalent)?	<input type="radio"/> SI/YES <input checked="" type="radio"/> NO
Labour to damaged parts?	<input checked="" type="radio"/> SI/YES <input type="radio"/> NO
Shipping and/or transportation costs?	<input type="radio"/> SI/YES <input checked="" type="radio"/> NO
Apply just fire cover?	<input type="radio"/> SI/YES <input checked="" type="radio"/> NO



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Information related to the insurance cover:

Failure to disclose a material fact (any fact likely to influence the Insurers acceptance or assessment of this proposal) will render the insurance voidable.

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

The signing of this proposal form does not represent an obligation to subscribe from the Proposer side... nor an obligation to accept this insurance from the Underwriters side as well.

The Customer declares that the information provided with the proposal form is correct and truthful and that the policy features regarding content, sums insured, excesses and coverage period have been explained.

Dated

Signature of Proposer

SB Broker Srl

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Declaration on the purpose of the information provided:

The Customer declares to have promptly and comprehensively provided their requests and needs (demand & needs), in order to propose a coherent insurance coverage.

The Intermediary declares that the characteristics of the product offered above have been illustrated and evaluated with the Proposer.

Dated

Signature of Proposer

SB Broker Srl

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Please return completed, signed and dated this proposal form to SB Broker to the following email: motorsport@sbroker.it