Race Car Cover®
Versicherungsmakler GmbH

APPLICATION FORM

Race Car Cover Versicherungsmakler GmbH | Breite Str. 6 | D-30159 Hannover
Tel. 0049 (0)511 / 353985-60 | info@racecarcover.de

01 POLICYHOLDER

NAME / TEAM / COMPANY

STREET / NO.

POSTCODE / CITY

PHONE

E-MAIL

02 VEHICLE

VEHICLE MANUFACTURER

VEHICLE TYPE

CHASSIS NUMBER / VIN

VEHICLE CATEGORY

YEAR / MODEL YEAR

START NUMBER

NEW VALUE (EUR)

CURRENT VALUE (EUR)

03 INSURANCE COVER

REQUESTED SUM INSURED (EUR)

ENTITLED TO INPUT VAT DEDUCTION?

☐ Yes ☐ No

04 RACE CALENDAR

NUMBER OF RACES

RACE SERIES / CHAMPIONSHIP

NO.	EVENT / LOCATION	DATE / PERIOD
1		
2		
3		
4		
5		
6		

ADDITIONAL INFORMATION ON RACE CALENDAR / AREA OF USE

Race Car Cover®
Versicherungsmakler GmbH

APPLICATION FORM

Race Car Cover Versicherungsmakler GmbH | Breite Str. 6 | D-30159 Hannover
Tel. 0049 (0)511 / 353985-60 | info@racecarcover.de

05 DRIVER DETAILS

Please submit a separate form for each driver.

NAME / TEAM / COMPANY

DATE OF BIRTH

LICENCE NO.

LICENCE CATEGORY

SINCE WHEN HAVE YOU BEEN RACING?

WHICH RACING CLASSES DID YOU COMPETE IN LAST YEAR?

RACING RESULTS IN THE PREVIOUS YEAR

ACCIDENTS IN THE LAST 5 YEARS - NUMBER

APPROX. TOTAL CLAIM AMOUNT (EUR)

PREVIOUS INSURER / BROKER

06 DRIVER DECLARATION

I hereby confirm that the information provided is true and complete.
In the event of false or incomplete information regarding previous claims, the insurer may be released from its obligation to provide benefits in accordance with the contractual and statutory provisions. I also consent to information being obtained from the previous insurer / broker and the event organiser.

PLACE / DATE

DRIVER SIGNATURE

07 POLICYHOLDER SIGNATURE

PLACE / DATE

POLICYHOLDER SIGNATURE

RACE CAR COVER - CONTACT

Race Car Cover Versicherungsmakler GmbH | Breite Str. 6, D-30159 Hannover
Tel. 0049 (0)511 / 353985-60 | Fax 0049 (0)511 / 353985-66 | info@racecarcover.de

Please complete all fields - we will take care of the appropriate motorsport insurance cover.