

Questionnaire Race Insurance**BAUER AG Versicherungsmakler, Im Hausgrün 7-9, D-79312 Emmendingen**

Tel. / FAX 0049-7641 - 93307-20 / 0049-7641 - 93307-520

start@rennkasko.de**POLICYHOLDER:**

Name Team:

Zip / City/ Street:

FON / FAX:

e-mail:

CAR DETAILS:

Manufacturer:

Type of car:

VIN:

Year built:

BIP.:

Ex-factory price EUR:

Actual cash value \$:

SUM INSURED:

Sum to be insured (min. 50 % of ex-factory price)

EUR

Are you allowed to deduct VAT? Yes no **RACE CALENDER:**

No. of races:

Name of series:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

Place and date:

NAMES OF DRIVERS (FOR EACH DRIVER SEPARATELY):

Name / First name:

Date of birth:

License Nr.:

License type:

Since when do you participate in races?

Which series did you race last year?

Results last year?

HAS TO BE FILED IN:

Losses or damages in the last 2 years

No.:

Amount of all loss or damages ca. EUR:

Where have you been insured? Insurance Company / Broker:

DECLARATION OF DRIVER:

I hereby state, that all my declarations are true. In case of false or incomplete declaration of previous losses or damages coverage is void. I further agree, that insurers might ask previous insurers or broker for details.

Place and date:

Signed:

SIGNATUR OF POLLYHOLDER:

Ort Datum:

Unterschrift:

Pls. fill in all details; otherwise we can't give you an offer