Issuing Company: XXXXXXXXXXXXXXXX

RACE DAY CRASH COVERAGE DECLARATIONS AND POLICY FORM

Policy No.: XXXXXXXXXXX

Previous Policy No.:XXXXXXXX

ITEM ONE

NAMED INSURED AND ADDRESS	AGENCY NAME AND ADDRESS
XXXXXXX XXXXXX XXXXXXXX	XXXXX XXXXXX XXXXXX XXXXXX

POLICY Period: From XX/XX/XXXX to XX/XX/XXXX 12:01 A.M. Standard Time at your Mailing Address shown above.

Form of Business: Limited Liability Company

ITEM TWO - Schedule of Coverages and Covered Auto

This policy provides only physical damage coverage to a “Covered Race Vehicle” where a charge is shown in the premium column below. The schedule below includes the key exposure and rating elements.

“Covered Race Vehicle”

VIN ____________________________ Value ___________________ Deductible ________________

Insured (Owner) _______________________________ Driver __________________________________

Track ____

Race Day _________________ Race Vehicle Appraiser ______________________________________

Premium ______________________________

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM THREE – Policy Form Including Definitions

A. *Physical Damage Coverage*
   1. We will pay for "loss" to a covered "covered race vehicle" in a race:
      a. *In the race*
      b. Driven by the Driver
      c. On the Race Day
      d. Caused by:
         (1) Collision with another object; or
         (2) The "covered race vehicle" overturn.

B. *Exclusions*
   1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".
   2. We will not pay for "loss" due and confined to wear and tear, freezing, mechanical or electrical breakdown.
   3. There is not coverage for any or all liability.

C. *Limits Of Insurance*
   1. The value listed in the contract that is determined by the Race Vehicle Appraiser and agreed to by the insured at or prior to binding of coverage.

D. *Loss Determination*
   1. A loss occurs if and only if:
      a. The Race Vehicle Appraiser determines there is a reduction in value of the covered race vehicle meeting the conditions in Physical Damage Coverage, not subject to the Exclusions. The final payment is after application of the deductible

E. Duties in the event of Accident, Claim or Loss.
   1. Allow the "Race Vehicle Appraiser" to fully inspect the vehicle prior to exiting the "Race Track" and continue immediately after.
   2. Accept the determination of the value as final by the "Race Vehcile Appraiser".
   3. Haul off his vehicle and all the pieces.

F. Legal Actions Against Us.

   No one may bring a legal action against us under this Coverage Form until there has been full compliance with all the terms of this Coverage Policy Form.

G. Definitions
   1. Insured – Owner of the "Covered Race Vehicle" with a clear title to it.
   2. Covered Race Vehicle – The vehicle identified by the VIN and appraised by the Race Vehicle Appraiser.
   3. Deducitble – If there is a covered loss, this amount is deducted prior to paying the insured.
   4. Driver – The skilled driver listed on next to the owner on at the top of form. The only person who can be driving the "Covered Race Vehicle" for the coverage to apply.
   5. Loss – A deduction in value as determined by the "Race Vehicle Appraiser".

6. Race Day – The specific day of the race(s).
7. Race Vehicle Appraiser – Indentified on the top of the form and is the individual who will determine the value of a vehicle . . .
   i. prior to racing
   ii. as the vehicle enters the starting line
   iii. upon completion of the race
8. Track – The physical location of the race.

Endorsements Attached To This Policy: *See attached "Schedule of Forms and Endorsements"*