



## Questionnaire – Race-Insurance 2021

Insured: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street / No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Postcode/City/Country: \_\_\_\_\_ Mail: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Homepage: \_\_\_\_\_  
 Account-No: \_\_\_\_\_ IBAN / BIC: \_\_\_\_\_  
 Name of bank: \_\_\_\_\_ Account Holder: \_\_\_\_\_  
 Start of Contract: \_\_\_\_\_ Intermediary-No. \_\_\_\_\_

**Payment method:**  single premium | **ATTENTION:** payment in 2 or 3 installments is only possible by direct debit  2 installments  
 or  3 installments

**A. General Information**

Under which RACETEAM the official registration takes place:

Race-Team		Team-Manager			
Applicant – Name in registered series		Sponsor			
Owner according to Pass of the vehicle		Owner			
Claim History of the last 3 years and current year ( <i>also claims under deductible, not insured claims and claims with no fault of</i> )	Amount EUR	Number of claims	Payments EUR	Reserves EUR	Loss-Ratio
2018 + 2019					
2020 + 2021					
Previous Insurance company <b>Only to be completed for new contracts!</b>	name/address: _____ contract no: _____ Any request to the previous insurance company will be accepted				
Explanations to the claim situation (special events, major losses, reserves, expected recourse revenue, previous deductible etc.)					

**B. Information about Driver(-s)** No.1 No. 2 No. 3

Name, First Name, Date of birth:			
License-No.:			
Driven races in 2018 - 2021			
Number and Amount of Claims of the last 3 years and current year	EUR	EUR	EUR

**C. Car Details****D. Sum insured**

Sports-Car-Manufacturer:		Replacement value of the new vehicle:	EUR
Type / Model:		Current value of the vehicle	EUR
Chassis-No:		Sum insured of the vehicle Minimum 50 % of the replacement value	EUR
Increase in value due to non-standard attachments	EUR	Coverage for additional fire up to a maximum value of EUR 250.000	EUR
Construction year:		Are you entitled to reclaim VAT?	<input type="checkbox"/> yes <input type="checkbox"/> no



**E. Race-Calendar**

<b>Race-Series:</b>	<input type="checkbox"/> ADAC GT Masters	<input type="checkbox"/> ADAC Formel 4	<input type="checkbox"/> Porsche
	<input type="checkbox"/> ADAC TCR Germany	<input type="checkbox"/> ADAC GT 4 Germany	<input type="checkbox"/> _____
	<input type="checkbox"/> Blancpain Endurance	<input type="checkbox"/> Creventic Series	<input type="checkbox"/> Mobil 1 Super Cup
	<input type="checkbox"/> VLN	<input type="checkbox"/> 24h Nürburgring	<input type="checkbox"/> Carrera Cup
	<input type="checkbox"/> 6h Quali Nürburgring	<input type="checkbox"/> DTM Trophy (GT 4)	<input type="checkbox"/> Porsche 996 CUP+PCHC
	<input type="checkbox"/> RCN	<input type="checkbox"/> DMV – GTC	<input type="checkbox"/> P9 Challenge
	<input type="checkbox"/> STT H&R Cup	<input type="checkbox"/> Sonstige _____	<input type="checkbox"/> Cayman GT4 Clubsport
			<input type="checkbox"/> Sports Cup Endurance
			<input type="checkbox"/> Sports Cup/Super Sports Cup
			<input type="checkbox"/> PZ-Trophy/ PZ-Drivers Cup

Race-Nr.	Place	From (Date)	To (Date)

<p>_____</p> <p>Stamp and Signature Policyholder</p> <p>_____</p> <p>Place, Date</p>	<p>_____</p> <p>Signature, Driver No. 1</p> <p>_____</p> <p>Signature, Driver No. 2</p> <p>_____</p> <p>Signature, Driver No. 3</p> <p>_____</p> <p>Signature, Driver No. 4</p>
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**Questionnaires which have not been signed by the interested individuals cannot be processed.**

**This questionnaire is to be completed and submitted in full and based on true facts - based on the date on which it is signed.**

The questionnaire shall become a component of the policy in respect of the risk circumstances and circumstances material to risk specified therein. The scope of cover is based on the terms and conditions of the insurance policy.

Deletions, cancellations (with lines) or other markings shall be deemed to denote negation. The insurer reserves the right to request further information. Incorrect information on the risk circumstances or the fraudulent concealment of other risk circumstances may entitle the insurer to withdraw from the policy or to refuse to provide insurance protection. In the event of fraudulent concealment, the insurer may contest the insurance policy.

Irrespective of the information in this questionnaire, the provisions of the insurance policy and any exclusions and/or restrictions in respect of cover which may be contained therein shall be decisive with regard to the scope of cover.

The policyholder shall bear sole responsibility for the accuracy and completeness of the information provided in the questionnaire even if another person compiles the written record thereof. Should questions not be answered or not be answered in full, the policyholder may not claim that the said information has been provided to the intermediary orally.

**On behalf of the insurer Allianz Versicherungs-AG, Königinstrasse 28, 80802 Munich**  
 Allianz Esa GmbH, Chairman of the Supervisory Board: Dr. Rolf Wiswesser.  
 Management: Walter Szabados, Chairman; Manfred Lau, Uwe Lübben, Stefan Volle  
 Registered office: Bad Friedrichshall. Registration court: Stuttgart HRB 725082  
 For VAT purposes: VAT ID no. of Allianz Versicherungs-AG: DE 811 150 709.  
 Insurance premiums are VAT-exempt pursuant to the German VAT Act and the Directive on the Value-Added Tax System.