Tel. 02166-551286 - Fax 02166-958055 mail@rennsportkasko.de

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Questionnaire - Race-Insurance 2026

Insured:					Phon	e:						
Street / No.:				Fax:								
Postcode/City/Country:					Mail:							
Contact Person:					Homepage:							
Account-Holder:					IBAN / BIC:							
Name of bank:												
Start of Contract: Intermediary-No.: 40/540/1060												
Payment method: ☐ single premium I ATTENTION: payment in 2 or 3 installments is only possible by direct debit ☐ 2 installments or ☐ 3 installments												
A. General Data												
Name of the RACE TEAM for official registration:												
Racing Team				- Name for the race series								
Team Manager	Owner according				o race car	pass						
Team Manager Owner according to race car pass Loss history of the last three years plus current year (also damages below deductible are to be indicated as long as they are no minor damages, e.g. scratches, dents or scuffs on the racing car body, bumpers, etc.)												
(also damages below deductible are to be inc	aicatea as		remiums		mber of	Claims pay			reserves	Loss ratio		
2023			EUR		laims	EUF	2	E	EUR	%		
2024												
2025 + current year												
Pre-Insurance Company	Namo	Name (Advenue)										
Only to be filled in for new contract!			Name/Adresse: Contract Number:									
,	ole request to the previous insurer is approved											
Notes on the claims situation (special occurrences, major claims, reserves, expected recourse incomes, former deductibles, etc.)												
B. Information about Driver(-s) N			o.1 No. 2					No. 3				
Name, First Name, Date of birth:												
License-No. (current year):												
Driven races in 2023 - 2026												
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	EUR				
Type / Model:	/pe / Model:			Current value of the vehicle			EUR					
Chassis-No:		Sum insured of the vehicle Minimum 50 % of the replacement value			EUR	EUR						
Increase in value due to non-standard attachments				Coverage for additional fire up to a maximum value of EUR 400.000				EUR	EUR			
Construction year:				Are you entitled to reclaim VAT?					yes	□ no		



Race-Calendar

Race Series:	☐ ADAC GT Masters	☐ ADAC (GT 4 Germany	☐ Porsche					
	□ NLS	☐ GT 4 Eu	ıropean Series			Mobil 1 Super Cup			
	☐ GT World Challenge	☐ Crevent	tic Series	☐ Carrera Cup		Porsche 996 CUP+PCHC			
	☐ 24h Nürburgring	☐ 6h Qual	i Nürburgring	☐ Carrera Cup	Benelux				
	□ DTM	☐ BMW M	2 Cup	☐ Endurance C	hallenge				
	RCN	☐ Other				☐ PSC Southern Europe			
	☐ STT H&R Cup	☐ Other			_	☐ PSC Suisse			
Race-Nr.	Place		From (Date)		To (Da	ate)			
F. Transport									
T. Hansport									
Is transport insurance de	esired?			yes 🗌 no					
			Oi march and D	otron No. 4					
			Signature, D	river No. 1					
Stamp and Signature Policyholder			Signature, D	Signature, Driver No. 2					
			Signature, D	river No. 3					
Place, Date			Signature, D	river No. 4					
Questionnaires which	ch have not been signed	by the intere	sted individua	Is cannot be proce	ssed.				
	s to be completed and su	_		-		e date on which it is			
The questionnaire shall been based on the terms and con Deletions, cancellations (wit information on the risk circuinsurance protection. In the Irrespective of the informatic contained therein shall be de The policyholder shall bear s	iditions of the insurance policy. th lines) or other markings shall be	deemed to deno alment of other ris the insurer may c ions of the insura f cover. y and completene	te negation. The ins sk circumstances ma ontest the insurance nce policy and any o	urer reserves the right to ay entitle the insurer to wit epolicy. exclusions and/or restriction provided in the question	request fur hdraw fron ons in resp	n the policy or to refuse to provide eect of cover which may be if another person compiles the			

On behalf of the insurer Allianz Versicherungs-AG, Königinstrasse 28, 80802 Munich
Allianz Esa GmbH, Chairman of the Supervisory Board: Ulrich Stephan
Management: Walter Szabados, Chairman; Manfred Lau, Uwe Lübben, Ralph Reimesch, 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.