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

Questionnaire – Race-Insurance 2027

Insured: Phone:

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		Applicant – Name for the race series	
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.)

	Premiums EUR	Number of claims	Claims payments EUR	Loss reserves EUR	Loss ratio %
2024					
2025					
2026 + current year					

Pre-Insurance Company **Only to be filled in for new contract!**	Name/Adresse: _____ Contract Number: _____ A possible 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)

	No.1	No. 2	No. 3
Name, First Name, Date of birth:			
License-No. (current year):			
Driven races in 2024 - 2027			
Number and Amount of Claims of the last 3 years and current year	EUR	EUR	EUR

C. Car Details

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 400.000	EUR
Construction year:		Are you entitled to reclaim VAT?	☐ yes ☐ no

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E. Race-Calendar

Race Series:		
	☐ ADAC GT Masters	☐ ADAC GT 4 Germany
	☐ NLS	☐ GT 4 European Series
	☐ GT World Challenge	☐ Creventic Series
	☐ 24h Nürburgring	☐ 6h Quali Nürburgring
	☐ DTM	☐ BMW M2 Cup
	☐ RCN	☐ Other _____
	☐ STT H&R Cup	☐ Other _____

☐ Porsche

☐ _____ ☐ Mobil 1 Super Cup

☐ Carrera Cup ☐ Porsche 996 CUP+PCHC

☐ Carrera Cup Benelux

☐ Endurance Challenge

☐ Sprint Challenge GT3 ☐ PSC Southern Europe

☐ Sprint Challenge GT4 ☐ PSC Suisse

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

F. Transport

Is transport insurance desired?	☐ yes ☐ no

Stamp and Signature Policyholder

Place, Date

Signature, Driver No. 1

Signature, Driver No. 2

Signature, Driver No. 3

Signature, Driver No. 4

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; Manfred Lau, Uwe Lübben, Ralph Reimesch, Stefan Volle
Chairman of the Supervisory Board: Ulrich Stephan
Registered office: Bad Friedrichshall. Registration court: Stuttgart HRB 725082
For VAT purposes: VAT ID no. of Allianz Esa GmbH: DE 257 720 809 Insurance premiums are VAT-exempt pursuant to the German VAT Act and the Directive on the Value-Added Tax System.