MCA Event Insurance Application

Print Form

Heacock Classic
COLLECTOR CAR INSURANCE

REGION INFORMATION

Club Name: _____

Address: _____

City/ST/Zip: _____

Date of Event: _____ Number of Expected Cars: _____

Location of Event: _____

_____

Check Event Type:

☐ Track Event ☐ Car Show ☐ Autocross ☐ Road Tour

☐ Social Event ☐ Cruise-in ☐ Auction or Raffle

☐ Other (Describe) _____

_____

* Has an agreement, contract, or permit been executed for the use of the event location? ☐ Yes ☐ No (If yes, please include a copy of the agreement.)

* Will there be paid spectator attendance? ☐ Yes ☐ No

* Will the chapter be selling food or beverage? ☐ Yes ☐ No

* Will alcohol be sold or distributed? ☐ Yes ☐ No (Note: This policy does not cover Liquor Liability for selling alcohol.)

CONTACT INFORMATION

Club Representative: _____

Email: _____

Daytime Phone: _____

Certificate Holders:

Will a certificate of insurance be required for a third party? ☐ Yes ☐ No

If "Yes", please list all additional insureds (with address) to be included on the certificates along with their business relationship to your club. (ie: land or building owner, sponsor, etc.)

_____

_____

_____

_____

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_____

Note: This is not an Automobile Liability Insurance policy. No coverage is provided for claims arising from the operation of automobiles or motorized vehicles. _____ (Initial)

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

_____

Signature of Chapter/Region Representative **Date**

Send completed and signed application to:

Mustang Club of America, Inc.
4051 Barrancas Ave.
Barrancas PMB 102
Pensacola, FL 32507

Fax: (850) 968-4333
Email: mcaofficemanager@cox.net

Agent for MCA:
Heacock Classic (Heacock Insurance Group, Inc./dba)
CA License No. OB71868
Managing Agent:
American Specialty Insurance & Risk Services, Inc.
Insurance Carrier:
Philadelphia Insurance Company (Rated A+)