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 CA# 0334819

MOTORSPORT DRIVING SCHOOL SURVEY

Please return with a copy of your “Rule Book”, “Curriculum” and schedule.

Named insured: _____

Location/track where school will be held: _____

School type(s) (list each individually):

Number of instructors: _____ Number of students: _____

Education/experience of instructors: _____

Amount of time devoted to: Classroom _____ Driving _____

Passing permitted at anytime? No Yes If yes, please explain: _____

Minimum age of students: _____

Types of vehicles used: _____

Number of vehicles on track at one time: _____

Vehicle maintenance performed by: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the survey and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Date **Applicant’s signature** **Title**