

***SUPPLEMENTAL APPLICATION FOR
LIMITED VEHICLE PRODUCTS
TESTING ENDORSEMENT***

Submitted By: _____

Agency: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone No.: _____



Applicant's Instructions:

- 1. Answer all questions. If a question does not apply, please write N/A or Not Applicable.
- 2. Please read carefully the statement at the end of this application.

Please Type or Print
(Please note that you can fill this form out on your computer, or you can print and fill it out by hand)

1. Applicant

Proposed Effective Date: _____

A. Full name of all entities of the applicant: _____

B. Principal address: _____

C. Contact: _____ Title: _____

Telephone: _____

2. Description

1. Describe the product(s) for which you are seeking coverage.

2. Describe the location at which the product testing will occur (Note – product testing is not provided on public roads)

3. Is the location secured from the general public during the testing? Yes No
If yes, explain _____

4. List the individual(s) of the named insured or employees of the named insured who will perform the testing

5. Describe the type of testing that will occur

6. Describe the duration and frequency of testing that will occur

7. Describe the safety precautions that are in place during testing

8. Do you or your employees sponsor or participate in any racing activities, sanctioned, professional or other. If yes, please describe.

3. Acknowledgements, Authorization and Signature

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to General Star (Company). Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature: _____ Title: _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

Additional Explanation to the Questions Designated

Question No.

_____	_____
_____	_____
_____	_____
_____	_____

If needed, please attach additional pages.