

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

TRUCK AND TRACTOR SUPPLEMENT

Insured Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell Phone: _____

E-Mail Address: _____

Website Address: _____

Please indicate if any of the following applies to your operation:

Organization: Name: _____

Pullers: Name: _____

Sled Owner: Name: _____

Sled Operator: Name: _____

Sponsor/Promoter: Name: _____

How many events will you participate in during the season? (estimate) _____

Please provide type of event: Modified Stock Antique Other _____

Only scheduled events will be covered. Certificates will not be issued unless you provide a schedule of your events. Certificates on request.

Date	Location, City, State	Promoter	Sanctioning

Please attach additional pages if necessary

1. Will you have security to prevent spectators from entering the track? Yes No
2. Will there be an ambulance/EMT on site? Yes No
3. Do you require certificates naming you as additional insured from (concessions, security, port-a-john, etc.)? Yes No
4. If answer to any of the above general questions is no, please explain: _____

I hereby certify that the information herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Print Name

Signature of Agent

Date Signed