

“ON TRACK” request for quotation

REF:

1/1

Insured			
Street and number			
Postal code and place			
Tel		Fax	
E-mail		http(s)://	
CAR(S) TO BE INSURED			
Make		Type	
Value	€	Year	
RACE MEETING(S) TO BE INSURED			
Type of meeting:	<input type="checkbox"/> Track <input type="checkbox"/> Rally <input type="checkbox"/> Hillclimb <input type="checkbox"/> Track day <input type="checkbox"/> Other <input type="text"/>		
Name of championship			
Website championship	http/www.		
Number of meetings	<input type="text"/>	Number of races per meetings	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
Number of testdays	<input type="text"/>	<input type="text"/>	
Number of rally's	<input type="text"/>	Number rally's per surface: asphalt <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/>	
Dates of the meetings			
Circuits			
Driver #1 Name		E-mail	
Experience			
Number of claims past 3 years and amount	<input type="text"/>	€	<input type="text"/>
Driver #2 Name		E-mail	
Experience			
Number of claims past 3 years and amount	<input type="text"/>	€	<input type="text"/>
Driver #3 Name		E-mail	
Experience			
Number of claims past 3 years and amount	<input type="text"/>	€	<input type="text"/>