



# Application for track days closed roads / motorsport insurance

This is an application only and not automatic insurance. Track days are subject to Prestige Track day terms and conditions. These will be provided upon approval of application and subject to payment of an additional premium (if required).

## Policy Details

Policy Holders Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you use an Insurance Broker?  No  Yes If Yes, which broker firm: \_\_\_\_\_

## Vehicle Details

Year	Make and Model	Registration	\$ Sum Insured
------	----------------	--------------	----------------

## Driver of the day details - Insurance is limited to the applicant only

Please note: If insurance is required for more than one driver, a separate application must be submitted.

Please indicate licence type:  Current Full NZ Licence  Other: Please state: \_\_\_\_\_

Named Driver: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Has the driver of the day completed Driver Training / Track Days in the last 2 years?  No  Yes  
If Yes please provide details of the event(s), the organiser(s) and approximate date(s).  
\_\_\_\_\_  
\_\_\_\_\_

Has the driver of the day had any accidents, loss or claims in connection with any vehicle during the past 5 years?  No  Yes  
If yes please give details including the circumstances & the approximate dates.  
\_\_\_\_\_  
\_\_\_\_\_

## Policy Details

Training Instructor / Organiser: \_\_\_\_\_

Track Name & Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Level / Group: \_\_\_\_\_

## GT Club Membership - Track Insurance

GT Track: Highlands: **or** Hampton Downs (Please circle) \_\_\_\_\_

GT Club membership number: \_\_\_\_\_ GT Club Membership expiry date: \_\_\_\_\_

## Targa Tour

Event Name: \_\_\_\_\_ Dates of Event: \_\_\_\_\_ to \_\_\_\_\_

Have you driven in a previous Targa Tour?  No  Yes

If yes what tour(s) and date(s): \_\_\_\_\_

Please complete one event option only

## Applicant to sign

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact details

Star Insurance Specialists Limited (SIS). Building 6, 15 Accent Drive, East Tamaki. PO Box 97954 South Auckland Mail Centre, Auckland. Freephone: 0800 250 600 Fax: 09 250 6001