

This is an application only and not automatic insurance. Star Insurance Specialists will provide written confirmation including any specific terms and conditions applying to the policy endorsement if the application is approved. Approval may also be subject to an additional premium payment.

Applicant Details

Policy Holder: _____ Mobile: _____
 Policy Number: _____ Email Address: _____
 Did you purchase your policy through an Insurance Broker? No Yes If Yes, which broker firm: _____

Vehicle Details

Year	Make and Model	Registration	Warrant of fitness expiry	Sum Insured \$	<input type="radio"/> No <input type="radio"/> Yes	Does your vehicle have traction or stability control systems?	How long have you owned this vehicle? _____ years
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Driver of the day details - Insurance (if approved) will be limited to the driver specified. If insurance is required for more than one driver, a separate application must be submitted.

Name of Driver: _____ Date of birth: _____
 Current Full NZ Licence Motorsport NZ License Other: Please state: _____

Any endorsements attached to your license: _____

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), date(s) and track(s)

Organiser/Event:	Date:	Track:	Level/Group/Class:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Event Details

Organiser/Event:	Date:	Track:	Level/Group/Class:
_____	_____	_____	_____

GT Club Membership - Track Insurance

GT Track Highlands or Hampton Downs 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: _____

Save As

Submit