



DEDICATED RACERCAR WORKSHEET

TO ACCURATELY PROTECT YOUR VEHICLE, FILL OUT THIS SHEET COMPLETELY.

This information will be used to determine partial or whole replacement of the vehicle and/or its components in the event of a loss. High value accessories should be specifically listed and show in accompanying photographs. We understand that all sections might not pertain to your vehicle; please complete this form to the best of your ability.

1. One sheet per vehicle.
2. **Attach additional pages, if necessary.**
3. Send this sheet along with your completed Heacock Classic application and detailed photographs **INCLUDING** engine photos

OWNER'S NAME: _____	
VEHICLE _____	CHASSIS # _____

ENGINE	
ENGINE <input type="checkbox"/> Original <input type="checkbox"/> Other	
Engine Manufacturer _____	
Displacement: _____	Horsepower: _____
ASPIRATION <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injection	
Describe: _____	
ADDITIONAL POWER <input type="checkbox"/> Turbo <input type="checkbox"/> Supercharged	
NITROUS (Any nitrous components installed?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
EXHAUST TYPE/MANUF. _____	
TRANSMISSION TYPE/MANUF. _____	
SHIFTING MECHANISM _____	
OTHER FEATURES _____	
Who did the work? _____	

EXTERIOR / FRAME / CHASSIS	
BODY <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Other	
Describe body modifications: _____	
ANY SPECIAL PAINT/DETAILING WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe: _____	
FRAME / CHASSIS TYPE <input type="checkbox"/> Stock <input type="checkbox"/> Modified	
Builder(s), describe: _____	
SUSPENSION <input type="checkbox"/> Air <input type="checkbox"/> Stock <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other	
Front End: _____	
Rear End: _____	
CUSTOM RIMS <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe: _____	

SAFETY EQUIPMENT	
SAFETY GLASS <input type="checkbox"/> Yes <input type="checkbox"/> No	ROLL CAGE <input type="checkbox"/> Yes <input type="checkbox"/> No
WHEELIE BARS <input type="checkbox"/> Yes <input type="checkbox"/> No	TUBBED <input type="checkbox"/> Yes <input type="checkbox"/> No
SEAT BELTS <input type="checkbox"/> Standard <input type="checkbox"/> Harness	
NHRA INSPECTION <input type="checkbox"/> Yes (Include copy) <input type="checkbox"/> No	
FIRE SUPPRESSION <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, provide details: _____	
SPARE PARTS <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, request schedule

APPLICANT SIGNATURE _____

DATE _____