

CONSENT FOR ELECTRONIC DISCLOSURE, GENERAL FRAUD STATEMENT & COMPENSATION

PLEASE READ, COMPLETE AND SIGN/DATE, WHERE INDICATED

CONSENT FOR ELECTRONIC DISCLOSURES UNDER THE ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Electronic Communications.

Any Disclosures related to your Insurance Account through Safehold Special Risk, Inc. may be provided to you electronically through our website and/or email. However, you may obtain a paper copy of any of the Disclosures (see Requesting Paper Copies below).

Requesting Paper Copies.

If you wish to obtain a paper copy of any of the Disclosures that are being provided electronically, you may write to the address, or call us at the phone number provided below, with the details of your request. Paper copies will be provided to you at no charge.

Scope of Consent.

I consent to receive Disclosures and to do business electronically. Information and disclosures provided electronically included, but are not limited to:

Communication and documents relating to my insurance program underwritten and serviced by Safehold Special Risk, Inc., including correspondence, confirmations, requests for premium payments, policy documents, change in coverage or limits, conditional renewal notifications, cancellation notifications and/or non-renewal notifications, may to the extent permitted by law, be transmitted by electronic means to me, including by email sent to the email address I have provided as part of my application to Safehold Special Risk, Inc. for insurance coverage. I consent to documents being provided to me electronically.

If electronic transmission of documents is not permitted by law, those documents will be sent to me by mailing to the address I have provided in the application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.

Changes to Your Contact Information.

I will keep Safehold Special Risk, Inc informed of any change in your electronic or mailing address. You may notify Safehold Special Risk, Inc. by email at safehold.motorsports@safehold.com or by mail: 100 Glen Eagles Court, Carrollton, GA 30117

"E-Mail" Communications.

I acknowledge and agree that the Internet is considered inherently insecure. Therefore, you agree that we have no liability to you whatsoever for any loss, claim for damages arising or in any way related to our response(s) to any e-mail or other electronic communication, which we in good faith believe you have submitted to us. We have no duty to investigate the validity or to verify any e-mail or other electronic communication; and may respond to an e-mail at either the address provided with the communication, or any application or written communication received by us.

I acknowledge that to access electronic communication and / or documents, I have access to an internet connection and email account with an internet service provider, and access to Adobe Acrobat Reader.

Printing or Saving Electronic Documents.

If you choose electronic delivery and want to retain the Disclosures (including this notice) to read them later, you will need to print them or save them. To print them, you will need a basic printer capable of printing Web pages. To save any of the disclosures, you can use the "Save" feature of your Internet browsing software to save the pages to your hard drive or to some other media, such as a floppy disk.

Withdrawal Of This Consent

You may withdraw this consent at any time by emailing safehold.motorsports@safehold.com or by mail: 100 Glen Eagles Court, Carrollton, GA 30117

☐ I Accept

By clicking this "I Accept" button, I/we consent to electronic disclosure of all Electronic Records as indicated above. If there is more than one Owner or Authorized User, etc., clicking the "I ACCEPT" you are consenting on behalf of all other co-owners and/or authorized users of the email address, and that you are authorized to consent on their behalf.

☐ I Decline and do not consent to electronic communication

By Declining, I am providing the preferred method of document delivery below:

Fax:

Mail to:

COMPENSATION

Safehold Special Risk, Inc. will be compensated for services through the payment of a fee by the Named Insured to Safehold Special Risk, Inc., as well as the payment of commissions received from insurance companies. The commission is usually a percentage of the premium you pay for your insurance policy. It is paid by the insurance company for placing and servicing your insurance with them. At your request, we will provide you with a detailed statement regarding our compensation on your account and the way the compensation is calculated. The amount of premium you pay for a policy may change over the term of the policy. For example, your endorsement requests will affect the premium. Should the premium for any of your policies change, the amount of compensation paid to us by the insurance company would change accordingly.

Miscellaneous Sources of Compensation: In addition to the foregoing, Safehold Special Risk, Inc. may also receive income from the following sources:

- Interest earned on premiums received from you and forwarded to the insurance company through SAFEHOLD SPECIAL RISK, INC. bank account.
- Payments from insurance companies to defray the cost of services provided for them, including advertising, training, certain employee compensation, and other expenses
- Vendors and / or service providers

In the event there is a significant change in Client operations which affects the nature and scope of its insurance requirements, the parties agree to renegotiate Safehold Special Risk, Inc. compensation as appropriate. Such fees and/or commissions will be part of compensation in full accordance with and only to the extent permissible by state law.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only. Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Applicable in FL and OK:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only

Applicable in KS:

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or present more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE OF APPLICANT

DATE