



ATHLETE & PERSONAL ACCIDENT INSURANCE APPLICATION

1. APPLICANT INFORMATION

Legal Name: _____ Team Name: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Website: _____ Contact Person: _____
 Policy Period Requested: _____ From: _____ To: _____
 Age: _____ Insured's Occupation: _____
 Height: _____ Weight: _____

2. COMPETITION HISTORY (Past 4 Years including current season)

Year	Series	Team	Salary	Winnings	Other Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. INJURY-ILLNESS HISTORY (Past 3 years including current year) – Include all hospital stays whether for observation only or for treatment.

Date	Cause/Diagnosis	Events Missed	Extent Recovered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. CURRENT COVERAGE

Temporary Total Disability (TTD):
 Benefit Amount \$ _____ Elimination Period: _____ Benefit Period: _____
 Permanent Total Disability (PTD): _____ Sum Insured \$ _____ Benefit Period: _____
 Accident Medical: _____ Limit \$ _____ Deductible: \$ _____

WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202
www.wsibinsurance.com

It is understood that the Insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted.



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4. CURRENT COVERAGE (cont.)

Accident Medical limit provided by sanctioning body: \$ _____

Accidental Death: Limit \$ _____

Accidental Death & Dismemberment Limit \$ _____

Other: _____ Insurer: _____

5. PROPOSED COVERAGE (cont.)

Temporary Total Disability (TTD):

Benefit Amount \$ _____ Elimination Period: _____ Benefit Period: _____

Permanent Total Disability (PTD): Sum Insured \$ _____ Benefit Period: _____

Accident Medical: Limit \$ _____ Deductible: \$ _____

Accident Medical limit provided by sanctioning body: \$ _____

Accidental Death: Limit \$ _____

Accidental Death & Dismemberment Limit \$ _____

Other: _____ Comments: _____

Contracts during this period?: _____

Are Contracts During this period Guaranteed?: Yes No

6. PRIOR MEDICAL HISTORY

I am currently free of injury, disease and discomfort and active in my sport. Yes No

I have not been absent from my sport through illness nor injury for more than 10 consecutive days in the last 12 months. Yes No

I have not taken a course of pain reducing or anti-inflammatory medication for more than 21 days in the last 12 months. Yes No

I have no reason to believe that I may need medical treatment or undergo surgery in the future. Yes No

I have not had medical advice or treatment in connection with chest pain, raised blood pressure or cholesterol, asthma or any other breathing disorder, diabetes, epilepsy or any other form of seizure, tremor, head injury, any form of paralysis, COiti5 cc any other disease of the bowl, cancer or any tumour, lump, growth or cyst, any recurring disease or injury or discomfort of the joints or muscular system. Yes No

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6. PRIOR MEDICAL HISTORY (cont.)

- I have never taken drugs other than on medical advice. Yes No
- I have not had treatment or been referred for anxiety or depression Yes No
- I am not awaiting results of test(s). Yes No
- I have not had any disease or disorder of the following: heart, lungs, kidneys, liver, pancreas, spinal chord, nervous system, circulation (veins, arteries or bloodstream). Yes No
- I have had no form of medical attention at a hospital or clinic in the past 12 months (ignoring family planning, pregnancy and minor sports injuries). Yes No
- I have never had any form of back trouble or disorder of the muscles or joints. Yes No
- I do not have any physical disability, Yes No
- None of my immediate family have had heart disease, cancer diabetes, kidney disease or stroke before age 65. Yes No
- Another Insurer has not refused or applied special conditions or charges to an insurance or application from me for personal Yes No

Please use the lines below to further explain any of your answers above: _____

I understand that the insured company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YY)

 Date (MM/DD/YY)

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