



EVENT ENROLLMENT APPLICATION

*IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION,
ALONG WITH PREMIUM, TWO (2) WEEKS PRIOR TO THE EVENT TO INSURE PROPER
MAIL TIME.*

1. APPLICANT INFORMATION

Facility Name: _____ Address: _____

Phone: _____ Contact: _____

2. EVENT INFORMATION

Type of Event: _____ Club, Association, or Promoter: _____

Address: _____ Phone: _____

Contact: _____

Event Dates: _____ Practice Dates: _____

Qualifying Dates: _____ Competition Dates: _____

3. COVERAGE REQUESTED

Liability Limits: _____ Excess Limit: _____

Accidental Death & Dismemberment: _____ Primary Medical: _____

Excess Medical: _____ Weekly Indemnity: _____

4. GENERAL INFORMATION

Premium Remitted: _____ Additional Insured's and Relationship: _____

Send Certificate to: _____ Name: _____

Address: _____

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

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.