



# FACILITY & EVENT RENEWAL APPLICATION

Account Number: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Website: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Nature of operations/description of event: \_\_\_\_\_

Types of Venues on the Premises:

- Road Course     
  Drag Strip     
  Kart Track     
  Oval     
  Motocross  
 AutoX/Skid Pad     
  Other Please Explain: \_\_\_\_\_

Has Management staff changed in the part year?  Yes  No If Yes, explain: \_\_\_\_\_

Do you currently purchase any of the following insurance coverage's?

- Crime     
  Employment Practices Liability     
  Liquor Liability  
 Inland Marine     
  Commercial Auto     
  Workers Compensation  
 Property     
  Primary Fireworks Liability     
  Directors & Officers Liability

Are approved Waiver and Release forms read and signed by all persons permitted in restricted areas used?:  Yes  No

Is a state-certified Ambulance On-Site?  Yes  No

Are 2 licensed EMTs on site?  Yes  No

Is Alcohol sold on premises?  Yes  No

Have servers been trained in a state alcohol awareness program?  Yes  No

Are certificates of insurance on file from each sub-contractor naming you as an additional insured?  Yes  No

Name of person responsible for collecting Certificates: \_\_\_\_\_

Additional Insureds (requested to be included on this insurance)

Legal Name	Interest

**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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Schedule or Calendar of Events (Please submit copy with application.)

Alternate Locations will require Event Insurance Order Form.

**Prior underwriting approval and endorsements are required for all truck races, thrill shows, liquor liability, demo derby, fireworks, tractor pulls, mudbogs, monster trucks and jet car burns regardless of schedule you may provide WSIB.**

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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