



OFF TRACK & STORAGE SUPPLEMENTAL APPLICATION

To be used in conjunction with ACORD Equipment Floater Application

Legal Name: _____ Doing Business As: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Phone #: _____ Fax #: _____

Website: _____ Contact Person: _____

Is vehicle kept in locked storage? Yes No

Will vehicle ever be loaned or rented to others? Yes No

If yes, explain _____

Will more than one insured vehicle be kept in the garage? Yes No

Sanctioning Body, Association or Club Membership:

NTPA NASCAR SCCA ASA ALMS NHRA IHRA

Vintage (Specify): _____ Grand-Am USAC IRL NASA

DE "Club": _____ AMA NONE OTHER: _____

Are you required to add others for coverage under this policy? Yes No

Are all trailers enclosed? Yes No If No, please explain: _____

Deductibles:

| Scheduled Property | Misc. Equipment and Spare Parts | Trailers |
|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$7,500 | |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$10,000 | |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$15,000 | |

Aggregate Limit – Maximum amount of payment in any one occurrence \$ _____

Lay Up Period: _____

Is all equipment laid up and in storage for more than four months a year? Yes No

If yes, how long? (Dates): _____

Is the storage facility different from your mailing address?: _____

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.

Rev 11-09



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Garage:

Construction of Garage: Steel Wood Concrete block or brick

Roof: _____ How many garage doors: _____

Are these doors locked? Yes No If no, please explain: _____

How many windows?: _____ Are windows barred? Yes No

Does the garage have an operating sprinkler system? Yes No

Are flammables or chemicals stored in this garage? Yes No

Is there a fire extinguisher in the garage? Yes No Has an alarm system been installed? Yes No

Is the alarm in working condition? Yes No (provide further details of alarm system below)

Do you store any covered items outside while at your shop? Yes No

Is the outside yard adjacent to the shop secured? Yes No

Please state any other precautions taken in order to reduce loss: _____

Remarks: _____

Use for general information. Certificates of Insurance, peculiarities of coverage, special coverage's, special conditions or special operations that might affect the exposure: _____

If no auto coverage has been submitted in conjunction with this account please provide a complete drivers list including name, date of birth, driver's license number and license state _____

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)

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