



ON TRACK DRIVERS EDUCATION PHYSICAL DAMAGE APPLICATION

Member Days, Drivers Education, Time Trials ONLY
NAMED DRIVER(S) ONLY

1. GENERAL INFORMATION

Applicant Name: _____ Requested Effective Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Any on track auto claims incurred in the last 5 years? Yes No

If yes, please describe: _____

2. DRIVER INFORMATION

Driver Name: _____ Date of Birth: _____

Drivers License #: _____ State of Issuance: _____

Competition licenses held, if any: _____

Driver's Closed Course Experience: _____

Does the driver named above have Reckless Driving, Driving Under the Influence or Driving While Intoxicated violations on your regular driver's license? Yes No

In the past 3 years have any of the listed drivers had an On-track accident/incident that would have been covered under this application? Yes No

To the best of your knowledge and belief are you in good health and free from physical impairment or disease? Yes No

If "no" give full details: _____

3. VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____ VIN#: _____

Mileage: _____ Legal Owner – Loss Payee: _____

Vehicle Value (KBB): _____

Has the Vehicle been Modified for Performance?: Yes No

By What Percentage has Horsepower been Increased?:

0 to 9%

10 to 20%

21 to 50%

51% or more

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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If yes please list Modification and Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Vehicle Value with Modifications (KBB + Mods): \$ _____ Requested Deductible (Min \$3000): \$ _____

4. EVENT INFORMATION

Number of Events Total for Policy Period:

- 1 to 10
 11 to 15
 16 to 20
 21 to 25
 26 to 30
 31 or more

Club(s) holding the events:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Audi Club North America | <input type="checkbox"/> Autobahn Country Club | <input type="checkbox"/> BMWCCA | <input type="checkbox"/> Ferrari Club |
| <input type="checkbox"/> Lotus Car Club Challenge | <input type="checkbox"/> Monticello | <input type="checkbox"/> Motorsports Ranch Houston | <input type="checkbox"/> NASA |
| <input type="checkbox"/> MVP Track Time | <input type="checkbox"/> New Jersey Motorsports Park | <input type="checkbox"/> Palmetto Motorsports Club | <input type="checkbox"/> PCA |
| <input type="checkbox"/> SCDA | <input type="checkbox"/> Viper Days Driving School | <input type="checkbox"/> Other: _____ | |

Group or Affiliation	List # of planned events by Affiliation	Number of Vehicles/Types
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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