



# ON TRACK DRIVERS LIABILITY APPLICATION

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

*(Please Include a Copy of Your Driving Resume with this Application)*

## 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: \_\_\_\_\_

Liability Limit Desired:  \$1,000,000  \$2,000,000  \$3,000,000  Other: \_\_\_\_\_

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## 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: \_\_\_\_\_

Convulsions, paralysis or stroke, fainting attacks; severe headaches, disease of the brain or nervous system?:  Yes  No

High blood pressure, heart attack, pain in chest, or any other disorder of the heart or blood vessels?:  Yes  No

Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system?:  Yes  No

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**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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### 3. VEHICLE INFORMATION

Number and Type of HPDE Vehicles:

Make - Model

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is This Car Used on the Street?

Yes  No  
 Yes  No  
 Yes  No

Vehicle Owners Name: \_\_\_\_\_

### 4. EVENT INFORMATION

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

I understand 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. 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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