



ON TRACK RACING PHYSICAL DAMAGE APPLICATION

(NAMED DRIVER(S) ONLY – All drivers must be submitted for underwriting approval)

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. VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____ VIN#: _____

Legal Owner – Loss Payee: _____ Vehicle Value (w/ engine): _____

Vehicle Value (w/o engine): _____

Requested Deductible:

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000 Other: _____

3. DRIVER #1 INFORMATION

Driver Name: _____ Date of Birth: _____

Drivers License #: _____ State of Issuance: _____

Competition licenses held:

FIA Grand Am IMSA IRL SCCA PCA BMWCCA

NASA Other: _____

Number of Racing Events Previously Entered: _____ Years of Race Driving Experience: _____

Driver's Other 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 5 years have any of the listed drivers had an On-track accident/incident that would have been covered under this application? Yes No

If yes, please describe: _____

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: _____

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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4. DRIVER #2 INFORMATION *(If Applicable)*

Driver Name: _____ Date of Birth: _____

Drivers License #: _____ State of Issuance: _____

Competition licenses held:

FIA Grand Am IMSA IRL SCCA PCA BMWCCA

NASA Other: _____

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

If yes, please describe: _____

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: _____

5. EVENT INFORMATION

Total Number of Test Events for Policy Period: _____ Total Number of Race Events for Policy Period: _____

Sanctioning Body(ies) holding the events:

FIA Grand Am IMSA IRL SCCA PCA BMWCCA

NASA Other: _____

Schedule of Events to be Covered Under this Policy:

Date: _____ Series: _____ Track: _____ Class: _____ Length of Race: _____

Date: _____ Series: _____ Track: _____ Class: _____ Length of Race: _____

Date: _____ Series: _____ Track: _____ Class: _____ Length of Race: _____

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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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