



# OWNERS & SPONSORS LIABILITY INSURANCE APPLICATION

## 1. APPLICANT INFORMATION

Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Insured is:  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_  
Policy Period Requested: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Nature of operations/description of event: \_\_\_\_\_

## 2. OPERATIONS

Type(s) of Series competing in:

Road Racing  Drag Racing  Karting  Oval (Stock Car)  Motocross  
 Rally / Desert Off-Road  Oval (Open Wheel)  Other Please Explain: \_\_\_\_\_

## 3. TEAM MANAGEMENT

Owner Name(s): \_\_\_\_\_ Years Owning this Team: \_\_\_\_\_  
Sponsor Name(s): \_\_\_\_\_ Years Sponsoring Team: \_\_\_\_\_  
Other Teams Owned: \_\_\_\_\_ Years: \_\_\_\_\_  
If no Experience, Racing Experience?: \_\_\_\_\_ Years: \_\_\_\_\_

## 4. COVERAGE REQUESTED – (Check the type of coverage and indicate the limits desired):

Owners & Sponsors Liability Limit: \_\_\_\_\_ Excess Liability Limit: \_\_\_\_\_  
Accidental Death & Dismemberment: \_\_\_\_\_ Medical Excess: \_\_\_\_\_  
Weekly Indemnity: \_\_\_\_\_

Do you want to add your driver(s) as an Additional Insured's?  Yes  No

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

Property  Employment Practices Liability  Directors & Officers Liability  
 Inland Marine  Commercial Auto  Workers Compensation

**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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## 5. PARTICIPATION EXPOSURES

Number and Type of Competition Vehicles: \_\_\_\_\_ Sanction affiliation and classification: \_\_\_\_\_  
 Promotional activities not related to competition event (i.e. show car appearances, ride & drives): \_\_\_\_\_  
 Driver(s) name and competition license(s) held: \_\_\_\_\_  
 Driver(s) experience: \_\_\_\_\_

## 6. GENERAL INFORMATION

**Additional Insureds** (requested to be included on this insurance)

Legal Name	Interest

Describe any liability claims incurred in previous 3 years: \_\_\_\_\_

Year	Company	Liability Limits	Premium	Losses

**PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)**

**Schedule** (Complete even if tentative): *PLEASE ATTACH*

Describe Racing Series or Vehicles	List Number of Planned Events

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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.

By signing above, I authorize WSIB Motorsports Insurance, LLC, in accordance with state regulations, to obtain, on my behalf, detailed 5 year loss runs from any and all companies from which I have obtained insurance.

\_\_\_\_\_  
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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