



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.



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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)

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