



PARTICIPANT ACCIDENT DRIVING SCHOOL 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: _____
 Standard Industrial Classification (SIC) if known: _____

2. OPERATIONS

Type of Group: Team Track Association Club Employer

Activities to be covered:

While participating in sponsored, supervised, and scheduled driving school and ride-a-long activities of the Policyholder for which premium has been paid.

Covered Persons:

All registered driving school participants and ride-a-long participants of the Policyholder

*Program/Package	Avg. # Enrolled	Avg. # Laps	Track Length	Avg. Speed	Max Speed

**(i.e., Rookies, Stock Car, Advanced, Performance, Formula Car, etc.)*

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

Accidental Death & Dismemberment:

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

Medical Excess (*Pays EXCESS to any other valid & collectible insurance*):

\$10,000 \$15,000 \$20,000 \$25,000 \$50,000 Other: _____

Weekly Indemnity: _____ Primary Medical: _____

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. GENERAL INFORMATION

Is there currently a plan in force?: Yes No If Yes: Current Carrier: _____

Period	Premium	Incurred Losses	# of Losses

Participation: *This is a mandatory program.*

Premium Remittance (request): Annually Quarterly Other: _____

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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