



PARTICIPANT ACCIDENT 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: _____

Covered Persons: _____

Travel "To and From" Covered Program?: Yes No

3. PARTICIPANT EXPOSURES

Are approved helmets required?: Yes No

Are trained/certified race vehicle tech inspectors provided?: Yes No

Are approved restraint belts required (SFI or FIA)?: Yes No

Are drivers under the age of 18 permitted?: Yes No

If yes, in what class?: _____ What is minimum age to participate in any class?: _____

Racing Divisions – All races (i.e. Late Models, Legends, Silver Crown, etc.)

Class: _____ Avg # Participants per Event: _____ Number of Events per Year: _____

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Is Participation Mandatory? Yes No

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. 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: _____

5. GENERAL INFORMATION

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

Period	Premium	Incurred Losses	# of Losses

Is this is a mandatory program?: Yes No

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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