



# WSIB PARTICIPANT ACCIDENT Premium Reporting Form

Master Policyholder: \_\_\_\_\_

Master Policy Number: \_\_\_\_\_

FOR THE QUARTER REPORT PERIOD OF: \_\_\_\_\_

## SPECIAL RISK COVERAGE

	# of Days	Rate	Total
Full Events			\$
Additional Days			\$
Less Remaining Deposit	\$		
Total Premium	\$		
Premium Due	\$		

This form was prepared by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Commission: \_\_\_\_\_

## REMIT PAYMENTS FOR PARTICIPANT ACCIDENT TO:

**WSIB Motorsports Insurance**  
**One International Blvd**  
**Third Floor**  
**Mahwah, NJ 07495-0199**

**NOTE: It is very important to indicate the policy # and month of payment on the check stub in order to be credited correctly.**