



PRODUCT 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: _____

2. OPERATIONS

Type of Product(s) Manufactured, Assembled and or Distributed:
 _____ Manufactured Assembled Distributed
 _____ Manufactured Assembled Distributed
 _____ Manufactured Assembled Distributed

Type(s) of Racing products are intended for:
 Road Racing Drag Racing Karting Oval (Stock Car) Motocross
 Rally / Desert Off-Road Oval (Open Wheel) Other Please Explain: _____

Has the applicant ever had any form of insurance cancelled or declined? Yes No
 Have any of your products been subject to a recall? Yes No
 Have any products been discontinued? Yes No
 Do you manufacture products for any other industries other than automotive? Yes No

Explain quality control procedures: _____
 Person responsible for quality control: _____
 Gross Sales: _____ Percentage for Racing: _____ Percentage for Public: _____
 Product(s) Installed: _____
 Are any products installed that are manufactured by other companies? _____
 Are any waivers or "hold harmless" agreements signed when performing installation? Yes No
 Do any companies provide installation on your behalf? Yes No
 Is there insurance coverage documentation for those companies? (please provide with application) 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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3. MANAGEMENT

Owner Name(s): _____ Years Owning this Business: _____

Other Businesses Owned: _____ Years: _____

4. COVERAGE REQUESTED

Liability Limit: _____ Excess Liability Limit: _____

Do you have other that will be added as an Additional Insured? 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

5. INSURANCE COVERAGE HISTORY

Is the expiring policy a "Claims-Made" Policy? Yes No

If current policy is a "Claims-Made" is there an extended reporting period? Yes No

Expiration Date of Extended Reporting Period?: _____

Do you desire coverage for Prior Acts? Yes No

Have you ever been evolved in a Product Liability suit or claim? Yes No

Describe any liability claims incurred in previous 3 years: _____

Year	Company	Liability Limits	Premium	Losses

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

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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