



REQUEST for CERTIFICATE of INSURANCE FORM

Legal Name of Insured: _____ Doing Business As: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Date of request: _____

Name and Address of Requesting Party:

Person requesting certificate: _____ Type of event requesting certificate for: _____
 Date(s) of event: _____ Location of Event: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____
 Phone #: _____ Fax #: _____

Type of Coverage requesting:

<input type="checkbox"/> General Liability	Limit requesting: _____
<input type="checkbox"/> Participant Liability	Limit requesting: _____
<input type="checkbox"/> Auto Liability	Limit requesting: _____
<input type="checkbox"/> Work Comp	Limit requesting: _____
<input type="checkbox"/> Accidental Death & Dismemberment	Limit requesting: _____
<input type="checkbox"/> Excess Medical	Limit requesting: _____

If requesting to be listed as Additional Insured, **exact wording required:**

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.