



SANCTIONING BODY & RACING SERIES INSURANCE INDICATION FORM

Please complete the following questionnaire to receive an indication of premium for your facility and or event.

1. APPLICANT INFORMATION:

Legal Name: _____ Doing Business As: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____
Phone #: _____ Fax #: _____
Website: _____ Contact Person: _____

2. GENERAL LIABILITY LIMIT:

Do you provide Primary or Secondary Event Liability Coverage?: Primary Secondary

If you require the Track to provide Primary Liability Coverage, what is the amount required?:

\$1 Million \$3 Million \$5 Million \$10 Million \$15 Million
 Other: _____

3. SANCTIONING BODY PARTICIPANT ACCIDENT LIMITS:

Accidental Death & Dismemberment:

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

Medical Excess:

\$10,000 \$15,000 \$25,000 \$50,000 \$100,000+
 Other: _____

Weekly Indemnity: _____

4. PROPERTY & INLAND MARINE COVERAGE:

Buildings Est. Total Value: _____
 Off Track & Storage Est. Total Value: _____
 Business Personal Property Est. Total Value: _____

5. WORKERS COMPENSATION:

Number of Employees: _____ Estimated Total Payroll: _____

6. COMMERCIAL AUTO COVERAGE:

Number of Vehicles: _____

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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7. MINIMUM AGE OF PARTICIPANTS:

8 & under 9 to 13yrs 14 to 17yrs 18 & Older

8. TYPES OF VENUES:

Road Course Drag Strip Kart Track Oval Motocross
 AutoX Skid Pad Other: _____

9. DO YOU HOLD ANY SPECTATOR EVENTS? (If so please indicate event, type, & average number of spectators):

Event: _____ Type: _____ Average # of Spectators: _____
Event: _____ Type: _____ Average # of Spectators: _____
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Event: _____ Type: _____ Average # of Spectators: _____

10. TYPES OF EVENTS HELD? (Please indicate average number of participants):

<input type="checkbox"/> AutoX	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Club Race (Auto)	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Club Race (Moto)	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Corporate Events	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Drag Racing	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Drifting	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Drivers Education	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Kart Racing	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Member Days	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Off Road	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Oval	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Pro Race (Auto)	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Pro Race (Moto)	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Ride & Drive	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Rider Education (Moto)	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Teen Schools	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Time Trials	Avg# Particip: _____	Avg # of Events per Year: _____
<input type="checkbox"/> Other: _____	Avg# Particip: _____	Avg # of Events per Year: _____

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