



INTERNATIONAL COVERAGE APPLICATION

Applicant's name & address:

Producer's name & address:

New or Renewal

Years in business

Effective Date

CCM Domestic Policy #'s

Applicant's website

Type of Racing Event (by country)	Dates of Travel	Date of Event	List No. of Competition Vehicles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any other activities of the Insured during the above trips:

Check each line of business requested.

INTERNATIONAL OWNERS & SPONSORS LIABILITY

INTERNATIONAL GENERAL LIABILITY

(Coverage required if International O&S and Domestic GL provided by Chubb)

Limits: Included in Chubb Domestic limits.

Confirmation of Sanctioning Body & Track Limits in US\$ required prior to binding.

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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INTERNATIONAL WORKERS COMPENSATION

No. of U.S. Nationals per trip listed above _____

States of Hire: _____

Limits

Repatriation each employee/policy \$250,000/\$500,000
Employers Liability \$1,000,000

Confirmation that all drivers have separate Global WC coverage (including Repatriation) is required prior to binding. Attach certs to application.

[Employee Travel Assistance by MEDEX is automatic when International Voluntary Workers Compensation is provided.](#)

AUTO LIABILITY DIC

Number of Rented Vehicles per Trip _____ Number of Owned Vehicles per Trip _____ Physical Damage for Nonowned Autos: Yes No

Local Compulsory Limits Purchased:

Limits:

Bodily Injury & Property Damage \$1,000,000
Medical Payments \$10,000
Property Damage Retained \$0
Physical Damage – nonowned autos each auto/annual aggregate \$2,500/\$10,000

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 INLAND MARINE

Value of Equipment per Trip:
(Itemized list of scheduled equipment must be attached to application.)

Means of Transportation (Ground, Air, etc.): _____
Who is responsible for Equipment? _____
Certs of Insurance Obtained? _____

Travel Details/Protection of Equipment:
Travel in convoy? (yes/no) _____
24-hour armed escort or security services? (yes/no) _____
Physical vehicle safeguards? _____
Alarmed, etc. Please describe: _____

Provide Details on Overnight Stops & Vehicle Protection: _____

If answer to any of the above questions is "no," please describe safeguards in place: _____

LOSS HISTORY: On a separate page, list all insured and uninsured foreign losses that occurred during the past 3 years. Include the type of loss, location, cause, date and amount paid/outstanding.

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IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The Applicant (s) understand and agree that:

- (1) the completion and signing of this APPLICATION FORM neither binds the company to sell nor the applicant to purchase the insurance;
- (2) insurance may not be available in all jurisdictions; and
- (3) any alteration to any part of the text of this APPLICATION FORM, where such text has been prepared by the company, may be grounds for rescission of any policy issued in reliance upon this application, and Chubb may elect to exercise any other rights and remedies available to it at law or in equity.

Please note: Only duly appointed agents of the company and licensed brokers are authorized to solicit applications for coverage. Agents and brokers are not authorized to bind coverage. No coverage shall be provided unless the company accepts the application and binds the coverage.

DATED: _____

NAME OF PREPARER: _____

AUTHORIZED SIGNATURE: _____

TEL. NO. OF PREPARER: _____

The Applicant(s) declares that to the best of his/her knowledge the statements set forth in this APPLICATION FORM and in any attachments to this APPLICATION FORM are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION FORM. The Applicant(s) and all persons proposed for insurance hereunder further understand that the statements and all particulars provided in this APPLICATION FORM are material to the decision to provide this insurance and that any policy will be issued in reliance upon the truth of such statements and particulars. The Applicant(s) agrees that if any significant change in the condition of the application is discovered between the date of this APPLICATION FORM and the effective date of the policy which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the company immediately, and if necessary, any outstanding quotation may be modified or withdrawn.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial or insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Applicable in California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Applicable in Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Application in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Application in Nebraska

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

Applicable in New Mexico

Any person who, knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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Applicable in Oregon

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any material fact thereto, may be guilty of insurance fraud.

Applicable in Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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