



# TEAM RENEWAL APPLICATION

Account Number: \_\_\_\_\_  
Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Number of Cars entered next season in each series? \_\_\_\_\_

## Schedule or Calendar of Events (Please submit copy with application.)

Has Management staff changed in the part year?  Yes  No If Yes, explain: \_\_\_\_\_

Do you currently purchase any of the following insurance coverage's?

- Crime  Employment Practices Liability  Inland Marine  Commercial Auto  
 Workers Compensation  Property  Directors & Officers Liability

## Please submit with application

- Updated Vehicle List  Updated Drivers List  Updated List of Equipment

Any Equipment stored outside?  Yes  No Are there any changes to storage locations?  Yes  No

If yes, please explain:

Building Construction: \_\_\_\_\_ Alarms: \_\_\_\_\_

Security: \_\_\_\_\_ Year Built: \_\_\_\_\_

Have Security or Emergency procedures changed?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there any changes to:

Coverage Limits: \_\_\_\_\_ Deductibles: \_\_\_\_\_

Additions or Deletions to Loss Payees: \_\_\_\_\_

Additional Coverage: \_\_\_\_\_ Other Changes: \_\_\_\_\_

Are certificates of insurance on file from each sub-contractor naming you as an additional insured?  Yes  No

Name of person responsible for collecting Certificates: \_\_\_\_\_

**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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Additional Insureds (requested to be included on this insurance)

Legal Name	Interest

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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