



RACING OWNERS & SPONSORS LIABILITY QUESTIONNAIRE

APPLICANT INFORMATION

Racing Team Racing Sponsor

Insured Name _____
 Doing Business As: _____
 Years in business: _____ Years of racing experience: _____
 E-Mail Address: _____ Website Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
 Insured is: Corporation Partnership Joint Venture Other _____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage: _____
 Contact Person: _____
 E-Mail Address: _____ Website Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax #: _____ Tax ID: _____

COVERAGE INFORMATION

Policy Term Requested: _____ to _____

- Liability Limits Desired: 1,000,000 2,000,000 3,000,000 4,000,000 5,000,000 10,000,000 Other _____
- Sanctioning Body: _____
- Number of Competition Vehicles entered in each racing event: _____ Estimated Number of Events: _____
- Please attach your schedule of Racing Events –**REQUIRED (provide, event if tentative)**
- Primary Testing coverage required? YES NO Estimated Number of Testing Sessions: _____
- Driver(s) Name(s): _____ Drivers Age: _____
 Racing Experience: _____
- Additional Insured(s) to be listed on policy: (If additional space is needed, please list and attach separate sheet.)
 Sponsor(s), Owner(s), Driver(s): _____ Relationship to Team: _____
- Describe any Racing/Owners Sponsors Liability claims in past 4 years: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the questionnaire 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

 Applicant's Name (Print)

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Producer's Name (Print)

 Date (MM/DD/YY)

WSIB Insurance a division of Safehold Special Risk, 6100 Fairview Drive, Suite 800, Charlotte, NC 28210

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