



# RACING OWNERS & SPONSORS LIABILITY WITH TESTING QUESTIONNAIRE

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 \_\_\_\_\_

### COVERAGE INFORMATION

Policy Term Requested: \_\_\_\_\_ to \_\_\_\_\_

1. Liability Limits Desired:  1,000,000  2,000,000  3,000,000  4,000,000  5,000,000  10,000,000  Other \_\_\_\_\_
2. Sanctioning Body: \_\_\_\_\_
3. Number of Competition Vehicles entered in each racing event: \_\_\_\_\_ Estimated Number of Events: \_\_\_\_\_
4. Please attach your schedule of Racing Events –**REQUIRED (provide, event if tentative)**
5. Primary Testing coverage required?  YES  NO Estimated Number of Testing Sessions: \_\_\_\_\_
6. Driver(s) Name(s): \_\_\_\_\_ Drivers Age: \_\_\_\_\_  
 Racing Experience: \_\_\_\_\_
7. 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: \_\_\_\_\_

8. 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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