



MOTORSPORTS SANCTIONING BODY INSURANCE QUESTIONNAIRE

1. APPLICANT INFORMATION

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

2. GENERAL LIABILITY LIMIT

a. Do you provide Primary or Secondary Event Liability Coverage? Primary Secondary
 b. 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

a. Accidental Death & Dismemberment Limit: \$5,000 \$10,000 \$15,000
 \$20,000 \$25,000+ Other \$ _____
 b. Excess Medical Limit \$10,000 \$15,000 \$25,000
 \$50,000 \$100,000+ Other \$ _____
 c. Weekly Indemnity \$ _____ at _____ number of weeks

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: _____ Est. Total Payroll: _____

6. COMMERCIAL AUTO COVERAGE

Number of Vehicles: _____

7. MINIMUM AGE OF PARTICIPANTS for events that you will sanction:

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



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8. EVENT TYPE YOU SANCTION:

<input type="checkbox"/> Boat Racing	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Road XXX	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Club Race Auto	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Club Race Moto	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Drag Racing	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Kart Racing	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Off Road	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Oval	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Pro Race Auto	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Pro Race Moto	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Snowmobile	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Tractor Pulling	Avg # Participants: _____	Avg # Events per Year: _____
<input type="checkbox"/> Other _____	Avg # Participants: _____	Avg # Events per Year: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this supplemental form 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 accurate.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Signature

Date (MM/DD/YY)

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