

## MOTORSPORTS OFF-TRACK AND STORAGE SUPPLEMENTAL

Use in conjunction with ACORD Equipment Floater Application

### I. SANCTIONING BODY, ASSOCIATION OR CLUB MEMBERSHIP – ATTACH RACING SCHEDULE (check all that apply)

NASCAR	□Cup	□Xfinity	Truck		ER:
INDY CAR	□Indy Car	Lights	□Pro Mazda	USF2000	Indy Car OTHER:
NHRA	□Top Fuel	□Funny Car	Pro Stock	Bikes	
IHRA	□Top Fuel	□Funny Car	Pro Stock	Bikes	
IMSA	DPi	LMP 2-3	GTD Pro	□GTD	
SCCA	Speed Challenge		□Pro Mazda	Formula	
OFF ROAD		SCORE			
Rally		□ARA	□NRX-EV		
	APBA/SBI/OSS/OPA			□ASA	BMW Formula
□ARX		□NRX-E-	□NASA		
UMP-EXTREME	USAC	□Vintage	□WISSOTA	□WKA	□woo
OTHER (please indi	cate):				

## II. COMPETITION/SHOW VEHICLE & EQUIPMENT

a. Will insured vehicle(s) ever be loaned to or rented to others?	Yes No If yes, explain:
b. Are competition vehicles licensed for public road use?	Yes No
c. Will insured equipment be used for non-racing activities?	Yes No If yes, explain:
OFF-ROAD	
a. Is the Pre-Runner licensed for Public Road use?	Yes No
b. Is the Pre-Runner hauled?	Yes No
c. Attach Photos of Pre-Runner Vehicle	
Note: No coverage applies to the Pre-Runner when it is bei	ng driven/operating under its own power.
TRAILER	
a. Is insured vehicle permanently stored in/on trailer?	Yes No
b. Type of trailer?	Open 🗌 Enclosed
c. Is the trailer equipped with an alarm system?	Yes No

WSIB Insurance a division of Safehold Special Risk, 6100 Fairview Drive, Suite 800, Charlotte, NC 28210 866.904.9742 • www.wsibinsurance.com

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#### ADDITIONAL UNDERWRITING

a. If stored in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location? YES NO

If yes, please describe:

b. List any other precautions that have been taken to reduce loss to insured items:

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 Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

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