



RIDE AND DRIVE EVENT CERTIFICATE QUESTIONNAIRE

Named Insured: _____

Type of Event: _____

Date of Event Start: _____ End: _____

Coverage Requesting:

Limit:

☐ General Liability (Premises) No Event Liability

☐ Event Liability

☐ Auto Liability

☐ Work Comp

☐ Excess

☐ Participant Accident

☐ Other: _____

Certificate Wording Required (if any): _____

Please attach copy of Contract or Agreement (if applicable)

Additional Insured:

Relationship to Insured:

Certificate Holder:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email: _____

EVENT LOCATION DIAGRAM SHEET

(Complete if applicable)

Location Address: _____

City: _____ State: _____ Zip: _____

VERY IMPORTANT: Certificates **WILL NOT** be approved by Underwriter unless a detailed description and supporting info accompany form.

SHOW LOCATION AND IDENTIFY: Spectator viewing area and protection, spectator parking areas, and course layout.

FOR RIDE AND DRIVE EVENTS: Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...)

Type of vehicle being used for Ride and Drive: _____ (or attach schedule)

Are drivers employees? ☐ Yes ☐ No If not, supply MVR.

Are passengers allowed? ☐ Yes ☐ No If Yes, what is the minimum age? _____

Is there any public road exposure? ☐ Yes ☐ No

What is the maximum speed allowed? _____

Maximum number of cars on course at one time? _____

Nearest distance to medical facility: _____

X = Fire Extinguishers

C = Course

S = Spectator Viewing/Protection

SP = Spectator Parking

USE SYMBOLS: Please include the following symbols in your diagram:

Show arrow in which course direction will travel.

RIDE AND DRIVE REQUIRES WSIB WAIVER TO BE SIGNED BY PARTICIPANT.

SIGNATURE OF INSURED OR PRODUCER

TITLE

DATE _____

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 questionnaire and all other information being submitted.

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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