



# 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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