



Insurance Agency, LLC

## RACE TEAM SUPPLEMENTAL QUESTIONNAIRE

Use in conjunction with ACORD General Liability & Auto Applications

Under the named insured on your application, do you engage in any business operations other than your race team?

Yes ☐ No ☐ If yes, please answer the following:

Description of operations: \_\_\_\_\_

Name(s) under which the business operates: \_\_\_\_\_

Carrier(s) that provides coverage: \_\_\_\_\_

Do you manufacture, sell, lease, and/or rent vehicles, engines or related parts or equipment? Yes ☐ No ☐

If yes, please answer the following:

Description of operations: \_\_\_\_\_

Carrier(s) that provides coverage: \_\_\_\_\_

Do you service or repair vehicles or equipment other than your own? Yes ☐ No ☐ If yes, please answer the following:

Description of operations: \_\_\_\_\_

Carrier(s) that provides coverage: \_\_\_\_\_

Do you use any of the vehicles included on your application for any other business that you operate, other than your race team? Yes ☐ No ☐

If yes, describe which vehicles, name the vehicle is titled under and explanation of vehicle use:

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

\_\_\_\_\_  
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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