



MOTORSPORTS SANCTION BODY APPLICATION

GENERAL INFORMATION

Name of Insured (as it will appear on policy): _____

Doing Business as: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Position: _____

Phone No.: () _____ Fax No.: () _____

Website Address: _____ E-Mail Address: _____

1. Nature of operations/description of event: _____

2. Insured is: Corporation Partnership Not-for-Profit Club or Assoc. Person

3. Policy Effective Date: _____ Expiry Date: _____

4. Estimated number of events and activities: _____ (attach schedule)

5. Describe promotions/activities not related to competition events: _____

6. What limit of liability do you require? \$1,000,000 \$2,000,000 \$5,000,000

7. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
Yes No Please explain: _____

8. As respects to your operation(s), what types of contracts do you enter into? _____

9. a. Does the named insured assume liability for the other party? Yes No
Provide copies of all contracts of this type.
- b. Does the other party assume the Named Insured's liability? Yes No
Provide certificates of insurance evidencing this.
- c. Does each party assume its own liability? Yes No

PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:
 Name of insurance company: _____
 Policy Expiry date: _____
 Policy Limits: _____
 Policy Premium: _____
2. Has this type of insurance ever been: Cancelled Declined Non-Renewed
3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.

Signature

Date

By signing above, I authorize StoneRidge Specialty Insurance in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:
 StoneRidge Insurance
 195 Franklin Boulevard, Suite 6
 Cambridge, Ontario
 N1R 8H3

Telephone: 1-226-318-1744
 Fax: 1-905-648-7399
 Email: motorsport@StoneRidgeInsurance.ca