



On Track Physical Damage Application (Non-Racing)

APPLICANT INFORMATION

Name of Insured (As Appears on Driver's License): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Driver Licence: _____ Province of Issue: _____

Phone Number: _____

Email Address: _____

EVENT INFORMATION

NOTE: Coverage Will Only Apply for the Day(s) Specified.

Description of Event: _____

Event Location: _____

Event Date(s): _____

ADDITIONAL DRIVER INFORMATION

Name of Insured (As Appears on Driver's License): _____

Driver's License: _____ Province of Issue: _____

Birth Date: _____ (mm/dd/yyyy)

NOTE: If more than 1 additional driver, please list on separate page. (Instructor Automatically Included – No Information Required.)

VEHICLE INFORMATION

Vehicle Make: _____ Vehicle Model: _____

Vehicle Identification Number (VIN): _____

Model Year: _____ License Plate _____ Province of Issue: _____

Owned: Leased:

If Leased, Please Indicate Lessors Name (As Shown on Green Vehicle Card): _____

Agreed Value (Canadian Dollars): _____

Note: Make sure to have receipts and pictures that verify any modification made to your vehicle.

RATING INFORMATION

	1 DAY	6 DAYS	9 DAYS	12 DAYS	15 DAYS
Event Rate (CAD)	\$0.61 per \$100	0.56 per \$100	0.54 per \$100	0.525 per \$100	0.51 per \$100
Plus All Applicable Provincial Sales Tax.					

Note: \$350 Minimum Premium

DEDUCTIBLE: 10% of Vehicles value (\$2000 Minimum)

15% of Vehicles Value – 10% Discount to Premium.

Note: All Policies subject to a \$25 Policy Fee + HST

ELIGIBILITY CRITERIA

1. Must have valid driver license.
2. Must be owner/lessee of vehicle.
3. Additional driver must be listed. (Instructor is automatically included without being listed.)
4. Event must be on an "Authorized Circuit".
5. No Racing Activity.

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.

Applicant's Signature

Date

Send completed form to:

StoneRidge Specialty Insurance
1336 Sandhill Drive, Suite 4
Ancaster, Ontario
L9G 4V5

Telephone: 1-226-318-1744

Fax: 1-905-648-7399

Email: Koryb@StoneRidgeSpecialty.ca