



RACER PARTICIPANT ACCIDENT APPLICATION

General Information

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

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Position: _____

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

Website Address: _____ E-Mail Address: _____

- Classes – please check all applicable:
 - Oval Drag Demo Derby Snowmobile Sportscar Motorcycle
 - Karting Other – describe: _____
- Policy Period Requested: From: _____ To: _____
- Estimated number of events and activities: _____ (attach schedule)
- Primary Occupation: _____
- Plan Desired: Silver Gold Platinum

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.

It is understood and agreed that this application shall be attached to and become 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 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