



On Track Physical Damage Application

APPLICANT INFORMATION

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

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Driver Licence: _____ Province of Issue: _____

Date of Birth: _____ (mm/dd/yyyy) 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

NOTE: Only One Additional Drive Permitted. (Instructor Automatically Included – No Information Required.)

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

Driver's License: _____ Province of Issue: _____

Birth Date: _____ (mm/dd/yyyy)

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): _____

Fair Market Value (Canadian Dollars): _____

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

RATING INFORMATION

	1 DAY	2 DAYS	3 DAYS
Event Rate (CAD)	0.805 per \$100	1.437 per \$100	2.00 per \$100
Plus All Applicable Provincial Sales Tax.			

DEDUCTIBLE: 10% of Vehicles value (\$5000.00 Minimum)

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

ELIGIBILITY CRITERIA

1. Must have valid driver license.
2. Must be owner/lessee of vehicle.
3. Vehicle must be plated and have primary insurance.
(Refer to StoneRidge Specialty if vehicle is not plated and/or insured.)
4. Additional driver must be listed. (Instructor is automatically included without being listed.)
5. Event must be on an "Authorized Circuit".
6. 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.

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

Send completed form to:

StoneRidge Specialty Insurance
195 Franklin Boulevard, Suite 6
Cambridge, Ontario
N1R 8H3

Telephone: 1-226-318-1744

Fax: 1-905-648-7399

Email: Koryb@StoneRidgeSpecialty.ca