



PERMANENT FACILITY EVENT
INSURANCE ORDER FORM

GENERAL INFORMATION

Name Insured: _____
Address: _____
Phone No.: () _____ Fax No.: () _____
E-Mail Address: _____

UNDERWRITING INFORMATION

- 1. Type of event: _____
- 2. Event Date: _____
- 3. Practice Date: _____
- 4. Facility Name: _____
- 5. Limit of liability required? \$1,000,000 \$2,000,000 \$5,000,000
Accidental Death & Dismemberment: As per policy limits
- 6. Number of Vehicles: _____ Maximum Number of Vehicles on the track at one time _____
Number of Participants _____

Additional Insureds & Business Relationship

- 1. _____
- 2. _____
- 3. _____

Please forward completed request to:
StoneRidge Specialty Insurance
195 Franklin Boulevard, Unit 6
Cambridge, Ontario
N1R 8H3
Tel: 1-226-318-1744
Fax: 1-905-648-7399
Motorsport@stoneridgeinsurance.ca

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Signature

Date