



# 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

1336 Sandhill Drive, Suite 4

Ancaster, Ontario

L9G 4V5

Tel: 1-226-318-1744

Fax: 1-905-648-7399

[Motorsports@StoneRidgeSpecialty.ca](mailto:Motorsports@StoneRidgeSpecialty.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