



AGENT: Dave Laber | 816.714.0447

POLICY# _____

NON-WISSOTA COMPETITOR & CREW INSURANCE

kicksomerisk.com | 855.969.0305 | FAX 260.459.1630 | SEND TO: dave@kicksomerisk.com

Non-WISSOTA Competitors & Crew Members: ENROLL TODAY and be covered thru THE ENTIRE 2022 SEASON!

WISSOTA DRIVERS DO NOT NEED TO FILL THIS FORM OUT. YOU ARE ALREADY COVERED AS PART OF YOUR LICENSING. NON-WISSOTA DRIVERS ARE ENCOURAGED TO USE THIS FORM.

Through an exclusive agreement with **SPORTS INSURANCE SPECIALISTS** — one of the strongest motorsports insurance agencies in the U.S. — non-WISSOTA drivers and crew members of any division, family members, and track workers who participate at a WISSOTA (member) track is eligible to purchase a **\$100,000 supplemental insurance** policy for additional coverage **above and beyond the required personal automobile coverage**.

In the event of an accident at an approved race track or on the way to or from the approved track, this policy will cover you where your personal health insurance does not (if applicable); many standard health insurance policies do not cover racing accidents. Having this policy means you have coverage that extends over and above any personal insurance, track insurance, and/or acceptable personal automobile policy per driving guidelines. The deductible is \$10,000 and is typically covered by the track's insurance policy; the policy then works up to a cap of \$100,000 of protection for you.

— Available to all Non WISSOTA Competitors, Crew Members, Families of Racers, and Track Workers —

USE THIS FORM IF YOU ARE A DRIVER IN A NON-WISSOTA CLASS,
A CREW MEMBER FOR A CAR IN ANY CLASS, OR A TRACK WORKER

\$100,000 COVERAGE

only \$24 for U.S. residents (\$29 in Canada)

You'll be covered at every WISSOTA sanctioned event throughout 2022!



* Keep a copy of this form for your records. Your canceled check is your proof of insurance:

PAID — CHECK NUMBER _____ DATE ____/____/____

2022 NON-WISSOTA CREW MEMBER & TRACK WORKER INSURANCE APPLICATION

PLEASE PRINT, DETACH and REMIT THIS FORM WITH YOUR PAYMENT. You'll receive your policy and information promptly.

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

☐ UNITED STATES — \$24. ☐ CANADA — \$29. (in U.S. dollars)

BEST CONTACT PHONE NUMBER: _____ TODAY'S DATE: ____/____/____

U.S. APPLICANTS: \$24. Annual Premium. Make check payable to WISSOTA.

CANADIAN APPLICANTS: \$29. Annual Premium. Make check payable to WISSOTA.

All checks must be for U.S. funds! Please send check or money order as applicable U.S. funds only.

MAIL THIS COMPLETED FORM WITH PAYMENT TO:

WISSOTA PROMOTERS ASSOC., 2700 1st St N., Suite 209, Saint Cloud, MN 56303

OFFICE USE:

RECEIVED BY: _____

DATE: ____/____/____ CHECK No.: _____