

2007/2008 WISENBERG MOTORSPORTS INSURANCE APPLICATION

\$1,000,000 Public/Spectator and Participant Legal Liability One-Day Premium

<p>Motocross/ Arena or Stadium Cross</p> <p><input type="checkbox"/> Class 1A (500+ entrants) \$1380</p> <p><input type="checkbox"/> Class 1 (250-499 entrants) \$1145</p> <p><input type="checkbox"/> Class 2_ (Less than 249 entrants) \$ 920</p>	<p>Dirt Track (Mile, ½ mile, ST, TT) Enduro, Grand Prix, Ice Race, Hare Scrambles, Hare & Hound, Hillclimb, Ice Race, Road Race, Speed Record Attempt</p> <p><input type="checkbox"/> Class 3 \$ 731</p>
<p>Drags, Pocket Bike Racing, Speedway, Supermoto</p> <p>Road Riding Events (251-999 entrants)</p> <p><input type="checkbox"/> Class 4 \$ 377</p>	<p>Observed Trials</p> <p>Trail Ride/Off Road Poker Run</p> <p>Dual Sport, Field Meet,</p> <p>Road Riding Events (less than 250)</p> <p><input type="checkbox"/> Class 5 \$ 161</p>
<p>Road Riding Events (over 1,000 entrants) Grand Tour</p> <p><input type="checkbox"/> Class 6 \$ 639</p>	<p>Bike Show, Open House, Swap Meet, Cruise-In (Non-riding events)</p> <p><input type="checkbox"/> Class 7 (0-249 entrants) \$ 92 (250 + entrants) \$377</p>

ADDITIONAL COVERAGE:

1. Multi events held same day: 1st event = full event rate, 2nd event = 50% of event rate.
 2. Multi day events: 1st event day = full event rate. Each additional day is 50% of event rate.
 3. Practice coverage is available the day before the sanctioned event at 50% of the base premium. (Ambulance must be on site. This would also include camping)
 4. Camping/Set up/Teardown coverage is available at 10% of the entire event premium. **(NO RIDING)**
 5. Wisenberg Motorsports offers premises coverage on a case by case basis.
- Contact them directly at **(800) 364-9476**.

Promoter/Club Name _____ Charter# _____ Contact Person _____

Event Date(s) _____ Type(s) of Event _____ Phone Number _____

Practice (see above for details) DATE _____

Camping (see above for details) DATE _____

Payment method:

Invoice me (Full payment due 10 days before event)

Cash Check Charge _____ exp. _____ Total \$ Enclosed _____

ADDITIONAL INSUREDS: _____

To use an alternate approved provider, contact AMA Sanctioning Services for details. (614) 856-1900
Insurance rates guaranteed through September 28, 2008.

Mail Completed application to: AMA 13515 Yarmouth Drive, Pickerington, Ohio, 43147 or FAX (614) 856-1921