

MOTORSPORT TRACK AND EVENT INSURANCE COMBINED PROPOSAL

COMPANY DETAILS			
Name of proposed insured			
Trading name (if different from above)			
Name of contact			
Position held			
Telephone number			
Email address			
Postal address			
State			
Address of premise to be insured (if different from above)			
State			
Website address	www.		
Full business description			
Date business commenced			
Are you a member of any trade associations?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">YES</td> <td style="width: 50px; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
If YES please give details:			

COVER TYPE

Date you would like cover to commence

COVER REQUIREMENTS

Please select which covers you require

LIABILITIES

Public Liability

YES NO

PRODUCTS

Incidental (e.g food, drink, memorabilia, spares and part etc)

YES NO

Are these covers currently insured?

YES NO

Existing Insurer

Renewal date

CIRCUIT DETAILS

Is your track approved by any of the following

ANDRA (Australian National Drag Racing Association)

FIA Fédération Internationale de l'Automobile (FIA, English: International Automobile Federation)

SA (Speedway Australia)

CAMS (Confederation of Australian Motor Sports)

MA (Motorcycling Australia)

AKA (Australian Karting Association)

Other (please state)

Does the circuit hold a current license

ANDRA (Australian National Drag Racing Association)

SA (Speedway Australia)

CAMS (Confederation of Australian Motor Sports)

MA (Motorcycling Australia)

AKA (Australian Karting Association)

Other (please state)

Is there a written contract between the owners of the land and the club

YES NO

LIABILITY

LIABILITY			
Are the premises maintained in good repair		YES	NO
Please give details of maintenance programme			
Do you comply with all regulations relating to the maintenance and safety of your equipment		YES	NO
Do you have any mobile plant and/or vehicles not licensed for road use If yes please give details		YES	NO
Are there any hazardous substances	Used	YES	NO
	Stored	YES	NO
If yes please provide details of type, use and handling			
Has the event got a Health and Safety policy		YES	NO
How many events have you planned for this year (Please attach a schedule if appropriate)			
Are spectators and participants contained behind barriers		YES	NO
Are all "off limits" areas	Sign posted	YES	NO
	Fully manned	YES	NO
Is all track activity supervised		YES	NO
Are marshals or other safety officials provided for the event		YES	NO
Are all the following completely fenced	Paddock areas	YES	NO
	Pit areas	YES	NO
	Spectator areas	YES	NO
Are the spectators permitted to enter (If yes please provide details below)	The Pits	YES	NO
	Restricted areas during competition	YES	NO
Total attendance	Last Year		
	This year (estimated)		
	maximum any one day (estimated)		
Are there any other facilities provided to patrons	Overnight Camping	YES	NO
	Playground Equipment	YES	NO
	Reception Equipment	YES	NO
	Restaurants	YES	NO

	Toilets	YES	NO
Are all grandstands	Maintained	YES	NO
	Inspected	YES	NO
Maximum capacity of grandstands			
Age of grandstands			
Please provide details of what precautions are taken to prevent debris from entering spectator areas			
Is the proposed event/site(s) in compliance with the local authority regulations		YES	NO
Is there an Emergency Evacuation plan established and in place If yes please provide details		YES	NO
How is marshalling provided for the event(s)			
Please state average number of Marshals on duty per day			
Are qualified race vehicle technical inspectors provided		YES	NO
Are participants vehicles/motorcycles scrutinised/inspected before the start of the event		YES	NO
Are drivers under the age of 16 permitted		YES	NO
Please state the maximum number of	Competitors		
	Vehicles		
	Motorcycles		
Is the following approved equipment required	Helmets	YES	NO
	Safety clothing	YES	NO
	Restraint belts	YES	NO
Do all participants sign "conditions of use" forms including appropriate "waiver release" condition		YES	NO
Are all participants	Briefed before the start of the event	YES	NO
	Divided into groups by ability	YES	NO
	Divided into groups by vehicle type	YES	NO
	Permitted to carry passengers	YES	NO
Are qualified instructors available to participants (both car and motorcycle)		YES	NO
Do you require a valid driver's license to participate and is it checked prior to the event		YES	NO
Do you advise participants on basic vehicle set up for track e.g.(secure battery, taping lights etc)		YES	NO

Do you control track access for designated session (eg drivers wristbands)	YES	NO
Will there be medically trained personnel on site during the event (if yes please give details including number and type of personnel)	YES	NO
Are all contractors/suppliers fully insured	YES	NO
Who is responsible for cleaning up the site after the event(s)		

COVER / LIMITS OF INDEMNITY

PUBLIC AND PRODUCTS LIABILITY

Please state limit of indemnity required	\$10 million	
	\$20million	

Please provide details of your estimated turnover for the coming year	\$
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	Direct	Bonafide Subcontractors
Australia		
Worldwide		

CLAIMS

Details of claims history during last 5 years
(Note confirmed claims history from previous insurers will be required once cover is incepted)

Date	Cause	Amount
		\$
		\$
		\$
		\$

Please provide details of any remedial action taken following losses:

DECLARATION

Has any Insurer ever declined, cancelled or refused to renew your cover? If 'Yes' please provide details:		YES	NO
Has any Insurer ever imposed any special conditions on your cover? If 'Yes' please provide details:		YES	NO
Have you or any Partner, principal or Director ever:	been declared bankrupt or insolvent in connection with this or any other business in this or any other name?	YES	NO
	been the subject of any County Court Judgements or Sheriff Court Decrees?	YES	NO
	been convicted or charged (but not yet tried) with any criminal offence?	YES	NO
	committed an offence to which you or they have admitted and for which you or they have received an official Police caution?	YES	NO

I/We agree that if this insurance contract is completed, then I/we will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

I/We declare that I/we have not miss-stated or suppressed any information provided in this Proposal form.

I/We understand that if I/We have not provided or have provided inaccurate or false information in answer to any question on this proposal for, the underwriters have the right to amend the terms of the insurance or to reduce any claim by an amount that reflects the effect of such inaccuracy on the terms of the insurance. If I/We deliberately or recklessly fail to provide or provide inaccurate information in answer to any question on this Proposal form Underwriters have the right to declare the bound cover void 'ab initio' and consequently refuse any claims.

I/we declare that no insurer has refused to accept a proposal or renew a policy, nor imposed any special terms.

I/we understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/we agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/we understand that any change in information must be notified immediately and no cover exists until such change has been approved by underwriters.

Print Name	
Signed	Date