

Motorsports Specialty Racing Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____ (effective date) (expiry date)
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2.2 Mailing information

Name as it is to appear on policy: _____
Mailing Address: _____ _____

2.3 Applicant is:

- Facility Owner Promoter Agent
- Other (specify) _____

2.4

Facility Name: _____			
Facility Age: _____	Annual Admissions: _____		
Seating: _____	Capacity: _____		
Total Gross Receipts: \$ _____	Concession Receipts: \$ _____		
How long has current management been at this facility?			

2.5 Type of Racing Facility:

- Oval
 Dragstrip
 Road Course
 Motorcross
 Dirt
 Other (specify) _____

2.6

Locations of all premises owned, rented, or controlled by Applicant	Area in Sq. Ft.	Interest of Applicant in such Premises (owner, landlord, tenant, etc.)

2.7 Who is responsible for the following?

	Facility	Tennant	Sub-Contracted	Other	Describe
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concession Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ambulance / Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Media Contacts (TV / Radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2.8

Are Certificates of Insurance obtained from those services that are sub-contracted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all parking lots well-lit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are areas patrolled before event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
During event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
After event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there valet parking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How many security personnel are utilized on an event day?				
Is security employed by track or is a third party hired?	Track	<input type="checkbox"/>	Third-Party	<input type="checkbox"/>
Are security personnel present at alcohol distribution sites?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are Police present?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an emergency evacuation plan established for the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please attach a copy of the plan.				

2.9 Please indicate each of the following questions for all of the named areas of the facility:

a. All Ramps:						
Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
b. Concessions:						
Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
c. Walkways and Aisles:						
Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
d. Restrooms:						
Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
e. Locker Rooms:						

Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
f. Stairs and Stairways:						
Meets Local / Provincial Safety Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Non-Skid Surface	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Well-Illuminated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

2.10 Describe general maintenance, housekeeping and maintenance of building grounds and parking lots:

Excellent Good Fair Poor

2.11

Are all entrance egress area clearly marked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are signs posted in high-traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please explain: _____				
What is the distance between event areas to the nearest spectator seating areas? _____				
What precautions are taken to prevent spectators from entering restricted areas? _____				
Are spectators and participants contained behind positive barrier by crowd-control fence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are ancillary spectator areas (parking lots, walkways, etc.) protected with the same minimum barriers and fencing as the main grandstand area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is pit/paddock area completely fenced off from spectator areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is pit road completely fenced?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does barrier/guardrail protect all private property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does barrier/guardrail protect all worker stations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are worker stations attended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a K&K approved Waiver and Release Form read and signed by all participants and other persons permitted in restricted areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are other releases used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.12

Grandstand construction: _____	Seating capacity: _____
Age of grandstand: _____	Average attendance: _____
How often is the grandstand inspected for slip / trip / fall / collapse exposures?	

2.13

Are there escalators?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are restrooms monitored?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How often?	_____			
Are coolers, thermoses, bottles or cans permitted on premises during events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are banners, flags or pompoms permitted in the facility during the event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.14

Are crews prepared and on duty to clean up spills?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the response time of nearest fire station (minutes)?	_____			
Describe fire-fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.):				

2.15

Are first-aid facilities maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an ambulance on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, is it:	Sub-contracted	<input type="checkbox"/>	Track owned	<input type="checkbox"/>
Are licensed ambulance attendants provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is fire equipment provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes:	Fire-department equipment	<input type="checkbox"/>	Track owned equipment	<input type="checkbox"/>

2.16

Are TV / media used in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe equipment used and safety precautions taken (e.g. placement of wires, power equipment secured, placement of tripod cameras, etc.):				

2.17 Are you planning any of the following ancillary events or intermission shows?

Amusement Rides	<input type="checkbox"/>	Fireworks Displays	<input type="checkbox"/>	Pyrotechnic Performers	<input type="checkbox"/>
Coin Tosses	<input type="checkbox"/>	Jet Car Burns	<input type="checkbox"/>	Skydivers	<input type="checkbox"/>
Concerts	<input type="checkbox"/>	Kids Bike Races	<input type="checkbox"/>	Stunt Performers	<input type="checkbox"/>
Driving Schools	<input type="checkbox"/>	Monster Trucks	<input type="checkbox"/>	Swap Meets	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>				
<p>NOTE: The policies for which you are applying does not provide coverage for the exposures and activities listed above under this section without written confirmation from K&K. For these exposures, an additional application and premium may be required. If you would like to obtain a quote for coverage for any of the above, please contact your K&K representative.</p>					

2.18

Is all track activity supervised? (e.g. swap meets, test & tune)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are qualified race-vehicle tech inspectors provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are approved helmets required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are approved restraint belts required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are drivers under the age of 16 permitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, in what class?				
What is the minimum age?				
What is the minimum age allow in restricted / pit areas?				
Is there a separated viewing area for children under age 14?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.19

Is overnight camping permitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, is it available on non-race weekends?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are aircraft permitted to land on the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.20 Do you sub-contract any of the following work or have the following independent contractors?

Fuel	<input type="checkbox"/>	Tires	<input type="checkbox"/>	Fire Equipment	<input type="checkbox"/>		
Food vendor	<input type="checkbox"/>	Ambulance / Medical	<input type="checkbox"/>	Wrecker	<input type="checkbox"/>		
Fireworks Shooter	<input type="checkbox"/>	Stunt Performers	<input type="checkbox"/>	Souvenirs	<input type="checkbox"/>		
Welding	<input type="checkbox"/>	Other automotive	<input type="checkbox"/>	Portable Toilets	<input type="checkbox"/>		
Other	<input type="checkbox"/>						
Are certificates of insurance on file from each subcontractor naming your organization as an additional insured?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please complete for Stock-Car Racing Facilities

2.21

Track length:	
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2.22 Track Type:

Dirt Paved Other _____

2.23 Degree of banking:

Low Average High

2.24 Events schedules:

Closed-Wheel Open-Wheeled Enduros
 Cycle / ATV Other

2.25

Are reinforced right-front wheels required on all cars*? <small>(*Not required for open-wheel vehicles)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are 4-point roll bars (minimum) required on all cars?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all doors securely fastened?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please complete for Drag Racing Facilities

2.26

Strip length:	Shut-down length:
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2.27 Surface:

Paved Sand Mud
 Grass Water

2.28 Events scheduled involving more than 10 of the following vehicles:

Closed-blown alcohol Blown nitro methane Jets

2.29

Any events involving cycles only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please complete for Motorcycle Racing Facilities

2.30 Events scheduled:

Motorcross Flat-track Scrambles
 Hare Scrambles Road Course Hare & Hound

2.31

Type of surface:			
Are all events sanctioned?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, by who?			
<hr/>			
Is there a minimum distance of 30 feet between the course and crowd-control fencing at all jump areas at all times?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is there a minimum distance of 20 feet between the course and crowd-control fencing at all other viewing areas?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Section 3: Liability

3.1 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:			
<hr/>			
<hr/>			
<hr/>			
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, (i) How often per year? :			
Are any of the vehicles driven in the United States	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

3.2 Liquor Liability

a) Do Applicant's operations include the serving of alcoholic beverages?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe in full:			
<hr/>			
<hr/>			

b) Is liquor server awareness training required for all servers ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Are concessionaires serving alcohol on the Insured's premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.3 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please advise procedures followed and details of contracts used:				
c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.4 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please provide explanation.

Event Location Diagram (new Insureds only)

On a separate sheet, please include / draw a diagram of the property and the track using the symbols shown in brackets for illustration purposes.

- Ambulance Security Personnel **[A]**
- Concessions **[C]**
- Pit Areas **[PA]**
- Restricted Areas **[RA]**
- Restrooms **[RR]**
- Security **[S]**
- Spectator Parking Areas **[SP]**
- Spectator Viewing Areas **[SV]**
- Fire Extinguishers **[X]**
- Barriers [**(draw a solid line)**]
- Fences [**Over 5 feet (draw a long dashed line) :**]
- [**Under 5 feet (draw a short dashed line: __ __ __)**]
- Show the distance between track and nearest crowd control fences

Section 4: Claims Information

4.1

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

4.2

Does the Insured have a formal equipment or premises maintenance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel:				

4.3 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Participant Legal Liability	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$

5.2 Participant Accident Limits

<input type="checkbox"/>	\$5,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$10,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$15,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$20,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$25,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$50,000 Accidental Death & Dismemberment/Medical Expense

Deductible

<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$500
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5.3 Weekly Accident Indemnity

<input type="checkbox"/> \$25 for 26 weeks	<input type="checkbox"/> \$25 for 52 weeks
<input type="checkbox"/> \$50 for 26 weeks	<input type="checkbox"/> \$50 for 52 weeks
<input type="checkbox"/> \$100 for 26 weeks	<input type="checkbox"/> \$100 for 52 weeks
<input type="checkbox"/> \$200 for 26 weeks	<input type="checkbox"/> \$200 for 26 weeks

Deductible

<input type="checkbox"/> 7-Day Waiting Period	<input type="checkbox"/> 14-Day Waiting Period
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Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: