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 K&K Insurance Brokers, Inc. Canada

MOTORSPORTS DRAG RACING APPLICATION

Please note: GENERAL APPLICATION MUST ALSO BE COMPLETED WITH THIS QUESTIONNAIRE. Type or print legibly for correct policy issuance. Answer all applicable questions. Indicate questions not applicable with "N/A". APPLICATION MUST BE SIGNED.

INSURED

Insured Name (as it is to appear on policy): _____

Is the Insured, Corporation Partnership Joint Venture Individual Other

Track Name: _____

Track Address / Location: _____

Phone: (_____) _____

Strip Length: _____ Shut-Down Length: _____

Insurance coverage is requested for: Weekly Events Specials Only Including premises liability

Number of events anticipated that will involve:

Carbored or injected gas of alcohol: _____

Blown alcohol: _____

Blown nitro methane (more than eight (8) competition vehicles): _____

Jets: _____

Cycles only: _____

Special coverages (requires separate application) : Liquor Liability Fireworks Property/Casualty

Name, Address & Description of Operations of all Subsidiary Companies:

Applicant is Facility Owner Promoter Agent Other

Additional Insureds	Relationship	Address
As they are to appear on the policy (MUST be approved by K&K)		
_____	_____	_____
_____	_____	_____

BROKER

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

Event date(s): _____

Facility Name: _____

City: _____ Province: _____

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy. All others are excluded by policy wording.

Type of Event: _____ Vehicle Class: _____

Other Ancillary Attractions or Exhibitions: _____

Maximum number of attendance for a single day: _____

Total annual attendance (estimated): _____

Schedule or Calendar of Events (Please remit copy with application.)

Security and Emergency Plan

a. Number and type of security personnel:

_____ Professional Service _____ Employees
_____ Uniformed Officers
_____ On-Duty
_____ Off-Duty

b. Is there a **contracted / provincial-certified** ambulance and two EMT/paramedics on site during events?

Yes No If no, explain in detail: _____

c. Distance to the nearest emergency center: _____ Hospital: _____

d. Number, type and size of fire extinguishers on-site during events: _____

e. How frequently are fire extinguishers checked? _____ By who? _____

f. Distance to nearest fire station: _____ Professional Volunteer

g. Are ALL areas on premises available to spectators and/or participants inspected periodically for slip, trip or fall obstacles? Yes No

If yes, how frequently? _____

h. Is facility in compliance with all known township, city, county, province, and/or federal building, seating, concession and sanitation codes? Yes No

If no, please explain: _____

Track Management

a. Are qualified race vehicle tech. inspectors provided? Yes No

b. Are drivers under the age of 16 permitted? Yes No

If so, what age are drivers permitted and in what type(s)/class(es) of racing? _____

c. Are persons under the age of 14 permitted in restricted areas? Yes No

d. Are paid spectators permitted to enter pits/restricted areas during competition? Yes No

e. Is infield spectator viewing separated from the pits? Yes No

How? _____

f. Are approved helmets and approved restraint belts required? Yes No

g. Are reinforced right-front wheels required on all cars? Yes No

h. Are 4-point roll bars (minimum) required on all cars? Yes No

- i. Are all doors securely fastened? Yes No
- j. Is the K&K approved waiver and release form **EXCLUSIVELY** used for all persons permitted in restricted areas? Yes No

Customer Services

- a. Are alcoholic beverages permitted on premises? Yes No
- b. Are alcoholic beverages sold on premises? Yes No
- c. Are signs posted in high-traffic areas or announcements made indicating assumptions of risk? . . . Yes No

Coverage At Other Locations

Will you require coverage at other locations? Yes No
 If yes, please list information (endorsement required). _____

**Limits of Liability required:
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	\$ _____

(i) Participant Accident Limits

- \$5,000 Accidental Death & Dismemberment/Medical Expense
- \$10,000 Accidental Death & Dismemberment/Medical Expense
- \$15,000 Accidental Death & Dismemberment/Medical Expense
- \$20,000 Accidental Death & Dismemberment/Medical Expense
- \$25,000 Accidental Death & Dismemberment/Medical Expense
- \$50,000 Accidental Death & Dismemberment/Medical Expense

Deductible \$50 \$250
 \$100 \$500

(ii) Weekly Accident Indemnity

- \$25 for 26 weeks
- \$25 for 52 weeks
- \$50 for 26 weeks
- \$50 for 52 weeks
- \$100 for 26 weeks
- \$100 for 52 weeks
- \$200 for 26 weeks
- \$200 for 52 weeks

Deductible 7-day Waiting Period
 14-day Waiting Period

(iii) If the insured has food and/or beverage sales please advise receipts

Food \$ _____
 Alcohol \$ _____

Products:

(a) Estimated annual sales/receipts for each product manufactured, present and past, sold, handled or distributed by the Applicant:

Description of Product	Sales/Receipts		
	Canada	United States	Other (Specify)

(b) Does the Insured have any withdrawn or discontinued products? Yes No

If yes, state details. _____

(c) What is the end use of these products? _____

Does the Insured sell any products, or carry out any operations in the United States? Yes No

If yes, give full details: _____

Does the Insured sell any products, or carry out any operations outside of Canada or the United States ?

Yes No If yes, give full details: _____

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

Contractual Liability

(a) Does the Insured sign any contracts where they assume the Liability of others or waive subrogation rights? Yes No

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 No

If no, please advise procedures followed and details of contracts used: _____

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?: _____

(c) If the Insured subcontracts out work to independent contractors, or rents or leases premises to others, 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 No

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?

(d) If the Insured's business involves sports and/or, entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

If no, in whole or part, please explain: _____

If yes, in part or whole, please attach a copy of the waiver.

Workmen's Compensation

Are all employees and contractors including students and volunteers covered by Workmen's Compensation?

Yes No If no, please explain _____

Liquor Liability

Do Applicant's operations include the serving of alcoholic beverages? Yes No

If yes, describe in full _____

Is liquor server awareness training required for all servers ? Yes No

Are concessionaires serving alcohol on the Insured's premises? Yes No

Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No

If yes, give details _____

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 No

If yes, please provide details _____

(b) Does the Insured rent or lease vehicles from others? Yes No

If yes, (i) how often per year? _____ (per year)

(ii) are any of these vehicles driven in the United States? Yes No

(c) Does the Insured contract services from others? Yes No

If yes, please describe _____

(d) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

If yes, please describe _____

Give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expire Date	Date
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Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports.

Please provide deductible or self insured retention amounts for each year noted in 18. above. Do these paid, expensed or outstanding amounts in the Insurer Loss Reports reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

Please attach a copy of the Insureds most recent audited financial statement.

Does the Insured have a formal employee/volunteer safety-training program? Yes No
If yes, please provide details _____

Does the Insured have a formal equipment or premises maintenance procedure? Yes No
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel _____

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire 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 Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Name (Print)

Signature

Date

Agent/Broker: _____