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# CONCESSION GO-KART FACILITY INSURANCE APPLICATION

1. Policy period required from \_\_\_\_\_ to \_\_\_\_\_  
(Year) (Year)

**INSURED:**

2. Named Insured as it is to appear on policy: \_\_\_\_\_

3. What is the Insured?       Corporation       Partnership       Joint Venture  
    Individual       Other \_\_\_\_\_

4. a) Mailing Address: \_\_\_\_\_  
(Number) (Street) (City) (Prov.) (Postal Code)

b) Address of Actual Operation  
(if different than mailing):  
\_\_\_\_\_  
(Number) (Street) (City) (Prov.) (Postal Code)

5. Web Site: \_\_\_\_\_

6. Doing Business As: \_\_\_\_\_

7. Name, Address and Description of Operations of all Subsidiary Companies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROKER**

8. Name of Agent/Brokerage: \_\_\_\_\_  
9. Contact Person: \_\_\_\_\_  
10. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

11. Please describe track usage:  
  
[ ] Concession \_\_\_\_\_ %  
[ ] Corporate (training/entertainment) \_\_\_\_\_ %  
[ ] Motorsports Racing Facility \_\_\_\_\_ %  
[ ] Other \_\_\_\_\_ %  
Describe: \_\_\_\_\_

12. Number of patrons annually: \_\_\_\_\_

13. Number of corporate events: \_\_\_\_\_

14. Operating Hours: \_\_\_\_\_

15. TSSA Approved?  Yes  No When was the last inspection? \_\_\_\_\_

## KART DESIGN

16. Number of Karts:

a) Single: \_\_\_\_\_

b) Double: \_\_\_\_\_

17. Kart manufacturer(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Are all karts limited or governed so as not to exceed:

a) 45 kilometers per hour for adult karts?

Yes

No

b) 16 kilometers per hour for kiddie karts?

Yes

No

19. Are the means of adjusting the speed accessible to the user of the kart?

Yes

No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

20. Do all adult karts have brakes designed and adjusted to enable it to stop the kart from its maximum speed within a distance of twelve meters?

a) with occupant weight of ninety (90) kilogram for adult karts?

Yes

No

b) with occupant weight of forty (40) kilogram for kiddie karts?

Yes

No

21. Are all karts provided with the following:

a) Rollover protective structure and seatbelt assembly?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

b) Padded headrest?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

c) Impact absorbing bumpers or body parts?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

d) Are wheel enclosed or guarded so that the wheel of one kart cannot interlock with or ride over the wheels of another kart?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

e) Fuel tank designed and mounted to prevent it from damage if the kart rolls over?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

f) gas cap of a type that will minimize leaking of fuel?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

g) Guards for all belts, chains and sprockets?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

- h) Ignition cut-off switch? Yes No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
- i) Remote shut-off system? Yes No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
- j) Exhaust carrying away from driver? Yes No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 22. a) Do you allow individually owned karts on the track? Yes No
- b) If individually owned karts are allowed, do you allow these karts on the track at the same time as rental karts? Yes No

23. Please list the following maintenance procedure for all karts:  
*DAILY:*

\_\_\_\_\_  
\_\_\_\_\_

*WEEKLY:*

\_\_\_\_\_  
\_\_\_\_\_

*DOCUMENTATION:*

- (i) Do you document all maintenance procedures Yes No
- (ii) Do you utilize standard checklists? Yes No
- (PLEASE INCLUDE SAMPLE)**
- (iii) Do you maintain such records at least 7 years? Yes No

If you have answered "no" to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HELMETS:**

- 24. Do all helmets used conform to applicable regulations under the Highway Traffic Act? Yes No
- 25. Do you ensure all helmets are properly fitted to the patron? Yes No

**TRACK DESIGN:**

26. Is track surface: Asphalt Concrete Other

27. What is the total length of the track? \_\_\_\_\_

- 28. Does the track have:
  - a) Hard and smooth surface, free of bumps, holes and ruts? Yes No
  - b) White or yellow lines that are at least 100 millimeters in width on all inside and outside edges (except where barriers are provided along the inside and outside edges of the track)? Yes No
  - c) Markings indicating direction of travel of go-karts at various locations on the track? Yes No

29. a) Please describe fuel storage area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) How is the fuel storage area protected? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

30. Is refuelling of karts carried out at a location that is inaccessible to the public at the time of refuelling?  Yes  No
31. Is spectator area inaccessible from track area unless escorted by an employee?  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### TRACK BARRIERS:

32. Do you have a double row of piled motor car tires (not commercial or agricultural vehicle tires) placed in an unbroken horizontal line on the ground around the track?  Yes  No
33. Are the tires noted in (1) above bound together along the inner and outer edge of the track?  Yes  No
34. If track is an outdoor track, is it enclosed by fencing not less than 1 meter in Height with no gap between the bottom of the fence and the ground?  Yes  No

If answers to any of the above three questions is "no", please provide a full explanation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TRACK OPERATIONS:

35. Do you have the operator height restrictions in place?  Yes  No  
 Please describe:  
 Adult: \_\_\_\_\_  
 Kiddie: \_\_\_\_\_
36. Are participants and employees the only people permitted inside the track area?  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
37. How many karts are allowed on the track at any one time? \_\_\_\_\_
38. Do you require all karts operating on the track at any one time to have compatible bumpers, body parts and wheels?  Yes  No
39. Do you allow adult karts and kiddie karts on the track at the same time?  Yes  No
40. Do you have a policy to shut down the track during inclement weather?  Yes  No  
 Please outline: \_\_\_\_\_  
 \_\_\_\_\_
41. Do you shut down the track if visibility is less than one hundred (100) meters?  Yes  No
42. Are all sections of the track monitored during its operation?  
 a) Directly by operators or attendants?  Yes  No  
 b) Indirectly by visual and audio electronic means?  Yes  No

43. Are all patrons having hair longer than shoulder length required to tie up their hair?  Yes  No
44. Is smoking allowed on the premises?  Yes  No  
If yes, please describe location and precautions taken: \_\_\_\_\_
- 
45. Do you assign an operator or attendant to check that patrons are properly restrained in the seat belt assembly prior to the kart leaving the pit area?  Yes  No  
If no, please explain: \_\_\_\_\_
- 
46. In the event of an accident on the track, are all other karts stopped immediately?  Yes  No

## PROTECTION

47. Is the track equipped with ABC checmical fire extinguishers of a minimum of 2.25 kilograms each?  Yes  No
48. Do you have fire extinguishers located within seventy-five (75) meters of every section of the track?  Yes  No
49. In addition to question (42) above, do you have at least one fire extinguisher in the pit area?  Yes  No
44. Are the locations of each fire extinguisher prominently marked and easily accessible?  Yes  No
50. Do you have First Aid Kits available?  Yes  No
51. Are all First Aid stations prominently marked and easily accesible?  Yes  No
52. Minimum number of attendant at any one time? \_\_\_\_\_  Yes  No
53. Are all employees required to wear identifiable clothing?  Yes  No
54. Are all employees required to have First Aid/CPR Certificates?  Yes  No
55. Please outline your safety procedure education program for employees: \_\_\_\_\_
- 
- 

## SIGNAGE:

56. Do you have signs posted indicating the following?
- a) Height restrictions shall be posted in accordance with the Regulation
  - b) Keep hands and feet in the kart at all times
  - c) Approved helmets must be worn
  - d) Hair longer than shoulder length and loose clothing shall be secured
  - e) Riders shall not operate a kart while under the influence of alcohol or drugs
  - f) No smoking in karts or pit area
  - g) No stopping, bumping or swerving on track
  - h) Obery attendant and stay in kart until ride is complete, and directed by attendant to unload
  - i) No rider shall act in a manner that may cause or contribute to injury to themselves or others
  - j) Any violation will cause the rider to forfeit the remainder of the ride.
  - k) Persons who are not substantially protected by the rollover protective structures shall be prohibited from riding the kart

57. Please indicate where signs are posted:

- Entrance to Facility
- Entrance to Pit Area
- In the Pit Area

58. Is lettering:

- At least 25mm in height
- Written in contrasting colour
- Upper case

59. **Limits of Liability required:**

**Commercial General Liability**

Each Occurrence Limit	\$	
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	\$	
Employee Benefits Limit	\$	
Employers Liability Limit	\$	
Advertising Injury Limit	\$	
Other: _____	\$	

60. **Operations:**

a) Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

b) If the Insured has food and/or beverage sales, please indicate receipts:

Food \$

Alcohol \$

\* If receipts indicate liquor sales please fill out Liquor Liability Application

c) Does the Insured have any discontinued operations?

Yes     No

If yes, please state details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

61. How long has Applicant been in business: \_\_\_\_\_

62. What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**63. 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 yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?  Yes  No

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  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?  Yes  No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?  Yes  No

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**64. Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**65. Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**66. Workers Compensation**

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

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**67. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**68. 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

**69. Please give details of all liability insurance carried by the Insured during the past five years:**

Type of Policy	Policy Number	Company	Expiry Date	Date

**70. 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.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



71. Please provide deductible or self-insured retention amounts for each year noted in question 70.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

72. Please attach a copy of the Insured's most recent audited financial statement.

73. Does the Insured have a formal loss-control program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

74. Does the Insured have a formal employee safety-training program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

75. Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

76. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: PHOTOS OF FOLLOWING MUST ACCOMPANY THE APPLICATION:**

- A) TRACK AREA
- B) KARTS
- C) SIGNAGE
- D) SAMPLE OF MAINTENANCE LOG FORM(S)

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: \_\_\_\_\_