MOTORSPORTS INDEPENDENT CLUB EVENT LIABILITY (ICEL) APPLICATION

Waiver and Release Requirement: Each event participant MUST sign the K&K Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to K&K upon request only, and is a condition of Participant Legal Liability Coverage.

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 (effective date):_____ to (expiry date):_____

2.2 Mailing information

Name of Insured Club as it is to appear on policy: _____

Mailing Address:_____

_____

2.3 What is the insured?

Corporation Partnership Joint Venture Individual Other (specify)_____

2.4 Is a Certificate of Insurance required? Yes No

2.5 Event Dates: (**Attach list if necessary**)_____

_____

_____

2.6 Event Locations: (name of site)_____

_____

_____

2.7

TYPE OF EVENT	NUMBER OF EVENTS
Autocross	_____
Mud Bog	_____
Track Day	_____
Rally	_____
Ride and Drive	_____
Other	_____

2.8 Total number of Vehicles: _____

Total number of Participants: _____

Minimum age for Participants: _____

Do all vehicles have roll cages and 5-point harnesses? Yes No

Will there be Fire Safety Personnel and EMT on site? Yes No

2.9 Describe the class(es) of vehicles being used: _____

2.10 Additional Insureds and relationship (e.g. landowner / sponsor): _____

2.11 If the insured has food and/or beverage sales please advise receipts: Food: $_____ Beverage: $_____

SECTION 3: LIABILITY

3.1 Non-Owned Automobile

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 give details: _____

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

If yes, How often per year? _____

Does the Insured contract services from others? Yes No

If yes, please describe: _____

3.2 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

SECTION 4: CLAIMS INFORMATION

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

If yes, please provide details:

4.2 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:_____

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 Occurence 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

$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 $100 $250 $500

5.3 **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

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

7.1 Additional Information: