

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 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: _____

2.6

**Locations of all premises owned, rented,
or controlled by Applicant**

**Area in
Square feet**

**Interest of Applicant in such Premises
(owner, landlord, tenant, etc.)**

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2.7 Who is responsible for the following?

| | <u>Facility</u> | <u>Tenant</u> | <u>Sub-Contracted</u> | <u>Other</u> | <u>Describe</u> |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 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 ☐ No

Are all parking lots well-lit?

☐ Yes ☐ No

Are areas patrolled before event?

☐ Yes ☐ No

During event?

☐ Yes ☐ No

After event?

☐ Yes ☐ No

Is there valet parking

☐ Yes ☐ No

How many security personnel are utilized on an event day? _____

Is security employed by track or is a third party hired?

☐ Track ☐ Third-Party

Are security personnel present at alcohol distribution sites?

☐ Yes ☐ No

Are Police present?

☐ Yes ☐ No

Is there and emergency evacuation plan established for the facility?

☐ Yes ☐ No

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:

All Ramps:

Meets Local / Provincial Safety Codes ☐ Yes ☐ No ☐ N/A

Non-Skid Surface ☐ Yes ☐ No ☐ N/A

Well-Illuminated ☐ Yes ☐ No ☐ N/A

Concessions:

Meets Local / Provincial Safety Codes ☐ Yes ☐ No ☐ N/A

Non-Skid Surface ☐ Yes ☐ No ☐ N/A

Well-Illuminated ☐ Yes ☐ No ☐ N/A

Walkways and Aisles:

Meets Local / Provincial Safety Codes ☐ Yes ☐ No ☐ N/A

Non-Skid Surface ☐ Yes ☐ No ☐ N/A

Well-Illuminated ☐ Yes ☐ No ☐ N/A

Restrooms:

Meets Local / Provincial Safety Codes ☐ Yes ☐ No ☐ N/A

Non-Skid Surface ☐ Yes ☐ No ☐ N/A

Well-Illuminated ☐ Yes ☐ No ☐ N/A

Locker Rooms:

| | | | |
|---------------------------------------|------------------------------|-----------------------------|------------------------------|
| Meets Local / Provincial Safety Codes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Non-Skid Surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Well-Illuminated | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Stairs and Stairways:

| | | | |
|---------------------------------------|------------------------------|-----------------------------|------------------------------|
| Meets Local / Provincial Safety Codes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Non-Skid Surface | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Well-Illuminated | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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 ☐ No

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 ☐ No

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 ☐ No

Are ancillary spectator areas (parking lots, walkways, etc.) protected with the same minimum barriers and fencing as the main grandstand area? ☐ Yes ☐ No

Is pit/paddock area completely fenced off from spectator areas? ☐ Yes ☐ No

Is pit road completely fenced? ☐ Yes ☐ No

Does barrier/guardrail protect all private property? ☐ Yes ☐ No

Does barrier/guardrail protect all worker stations? ☐ Yes ☐ No

Are worker stations attended? ☐ Yes ☐ No

Is a K&K approved Waiver and Release Form read and signed by all participants and other persons permitted in restricted areas? ☐ Yes ☐ No

Are other releases used? ☐ Yes ☐ No

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 ☐ No

Are restrooms monitored? ☐ Yes ☐ No

How often? ☐ Yes ☐ No

Are coolers, thermoses, bottles or cans permitted on premises during events? ☐ Yes ☐ No

Are banners, flags or pompoms permitted in the facility during the event? ☐ Yes ☐ No

2.14 Are crews prepared and on duty to clean up spills? ☐ Yes ☐ No

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 ☐ No
 Is there an ambulance on site? ☐ Yes ☐ No
 If yes, is it: ☐ Sub-contracted ☐ Track owned
 Are licensed ambulance attendants provided? ☐ Yes ☐ No
 Is fire equipment provided? ☐ Yes ☐ No
 If yes: ☐ Fire-department equipment ☐ Track owned equipment

- 2.16 Are TV / media used in the facility? ☐ Yes ☐ No
 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 ☐ Fireworks Displays ☐ Pyrotechnic Performers ☐ Coin Tosses ☐ Jet Car Burns ☐ Skydivers
☐ Concerts ☐ Kids Bike Races ☐ Stunt Performers ☐ Driving Schools ☐ Monster Trucks ☐ Swap Meets
☐ Other (specify):_____

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.

- 2.18 Is all track activity supervised? (e.g. swap meets, test & tune) ☐ Yes ☐ No
 Are qualified race-vehicle tech inspectors provided? ☐ Yes ☐ No
 Are approved helmets required? ☐ Yes ☐ No
 Are approved restraint belts required? ☐ Yes ☐ No
 Are drivers under the age of 16 permitted? ☐ Yes ☐ No
 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 ☐ No

- 2.19 Is overnight camping permitted? ☐ Yes ☐ No
 If yes, is it available on non-race weekends? ☐ Yes ☐ No
 Are aircraft permitted to land on the premises? ☐ Yes ☐ No

- 2.20 Do you sub-contract any of the following work or have the following independent contractors? ☐ Fuel ☐ Tires ☐ Fire Equipment
☐ Food vendor ☐ Ambulance / Medical ☐ Wrecker ☐ Fireworks Shooter ☐ Stunt Performers ☐ Souvenirs ☐ Welding
☐ Other automotive ☐ Portable Toilets ☐ Other:_____
 Are certificates of insurance on file from each subcontractor naming your organization as an additional insured? ☐ Yes ☐ No

Please complete for Stock-Car Racing Facilities

- 2.21 Track length:_____

- 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? (Not required for open-wheel vehicles) ☐ Yes ☐ No
- Are 4-point roll bars (minimum) required on all cars? ☐ Yes ☐ No
- Are all doors securely fastened? ☐ Yes ☐ No

Please complete for Drag Racing Facilities

- 2.26 Strip length: _____ Shut-down length: _____
- 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 ☐ No
- 2.30 Events scheduled: ☐ Motorcross ☐ Flat-track ☐ Scrambles ☐ Hare Scrambles ☐ Road Course ☐ Hare & Hound
- 2.31 Type of surface: _____
- Are all events sanctioned? ☐ Yes ☐ No
- If yes, by who? _____
- Is there a minimum distance of 30 feet between the course and crowd-control fencing at all jump areas at all times? ☐ Yes ☐ No
- Is there a minimum distance of 20 feet between the course and crowd-control fencing at all other viewing areas? ☐ Yes ☐ No

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? _____

Are any of these vehicles driven in the United States? ☐ Yes ☐ No

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

3.3 Contractual Liability

Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: _____

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: _____

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

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

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 ☐ 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 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

- ☐ \$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

- | | |
|---|---|
| <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 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

71 Additional Information: