

**PLEASE NOTE: PHOTOS OF THE GO KART TRACK AREA MUST
ACCOMPANY THE 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 (effective date): _____ to (expiry date): _____

2.2 Mailing information

Name as it is to appear on policy: _____

Mailing Address: _____

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____

2.4 Type of Surface:

☐ Asphalt ☐ Concrete ☐ Other (specify) _____

2.5 What is the maximum number of months per year the track is opened to the general public? _____

Is the track flat, with no grades or banking on corners? ☐ Yes ☐ No

If no, please explain: _____

If there is an inclination, is it between 18 and 30 feet? ☐ Yes ☐ No

If no, how long? _____

What is the total length of the track? _____

How long is the Straightway? _____

Is there any racing that takes place at the track? ☐ Yes ☐ No

If yes, what series use the track for races? _____

Are there ditches or runoffs along the side track? ☐ Yes ☐ No

- 2.6 Is there a double row (max. triple row anywhere) of piled motor car tires (not commercial or agricultural vehicle tires) placed in an unbroken horizontal line on the ground and bound together along the inner and outer edge of the track with gaps only to allow karts to enter and leave the track? ☐ Yes ☐ No

If no, please describe any other barriers on track: _____

Are there white continuous lines painted along the inner and outer sides of the track with a broken line in the centre? ☐ Yes ☐ No

Is the complete track area enclosed in a safety fence of wire link fencing at least 4 feet in height and with no gap between the bottom of the fence and the ground? ☐ Yes ☐ No

Is there a clear space of at least 15 feet with no type of obstruction maintained between the double row of tires (or other barrier) and the safety fence? ☐ Yes ☐ No

- 2.7 Are there at least two approved dry chemical (ABC) type fire extinguishers kept and maintained, with one adjacent to the refueling area and one positioned to be readily available for use on the track? ☐ Yes ☐ No

Are commercial first aid kits kept and maintained with sufficient quantities of bandages etc. for use in times of emergency? ☐ Yes ☐ No

- 2.8 Are suitable notices prominently displayed warning against bumping, cutting, touching the motor, leaving the kart and standing/walking on the track? ☐ Yes ☐ No

Is there a notice placed at the entrance of the track clearly describing the position and function of the pedals? ☐ Yes ☐ No

Is there a notice restricting the operation of the karts to patrons with motor vehicle or go-kart experience, subject to management's right to disentitle the patron for breach of track rules or safety concerns? ☐ Yes ☐ No

Is the size of the letters of all notices readable at least 30 ft. away? ☐ Yes ☐ No

Is the fuel stored adjacent to the track positioned so that a kart out of control could not strike it or a spectator's discarded cigarette could not land near the refueling area? ☐ Yes ☐ No

If no, please explain: _____

- 2.9 Do employees wear clearly identifiable clothing? ☐ Yes ☐ No

Are employees trained with Red Cross and/or CPR life-saving techniques? ☐ Yes ☐ No

What is the **minimum** number of attendants? _____

What is the **maximum** number of attendants? _____

Are attendants positioned to observe and reach any section of the track to render assistance? ☐ Yes ☐ No

Please outline the safety procedure education program for employees: _____

2.11 Are all karts made by a recognized manufacturer? ☐ Yes ☐ No

Model:

Number of karts owned: _____

Maximum number of karts used at one time:

Please indicated how the carts are powered: ☐ GAS ☐ ELECTRIC

Are all chains and sprockets guarded? ☐ Yes ☐ No

Are all the steering wheels padded? ☐ Yes ☐ No

Are all karts equipped with governors? ☐ Yes ☐ No

Are all karts equipped with seatbelts (2 for double-seaters)? ☐ Yes ☐ No

Is each kart equipped with bumpers all around the vehicle? ☐ Yes ☐ No

Is each kart equipped with an ignition cut-off switch? ☐ Yes ☐ No

Does each kart have a belt guard cover? ☐ Yes ☐ No

Do tank caps for each kart fit securely? ☐ Yes ☐ No

Does the exhaust carry away from the driver for each kart? ☐ Yes ☐ No

Is each vehicle operated by a remote shut-off system? ☐ Yes ☐ No

2.12 Are brakes fitted to all karts? ☐ Yes ☐ No

Are brakes and steering system maintained in good condition at all times? ☐ Yes ☐ No

How often for each?

Is the speed limit governed to a maximum of 42 km/hour (or 26 miles/hour)? ☐ Yes ☐ No

How often are Maintenance checks done on the karts process?

Please explain:

Daily: _____

Weekly:

2.13

Are all participants required to wear C.S.A. approved safety helmets?

☐ Yes☐ No

Does the Applicant own the land?

☐ Yes☐ No

If no, please provide name and address of lessor:

Is the track used only for rental concession by the Insured?

☐ Yes☐ No

If no, please explain:

Are there any written rules and regulations regarding riders, employees as well as any Hold Harmless agreements?

☐ Yes☐ No

If yes, please provide a copy of each.

2.14

Before the start of all driving sessions, are karts lined up:

☐ In front of one another☐ Abreast

Are spectators kept outside the safety fence?

☐ Yes☐ No

Are participants and employees the only people permitted inside the track area?

☐ Yes☐ No

If no, please explain:

Are participants permitted past safety fence only when previous session has finished and karts are stationary?

☐ Yes☐ No

If no, please explain:

Are sessions permitted to start only when participants in previous session have gone past safety fence?

☐ Yes☐ No

In the event of an accident on the track, are all other karts to be stopped immediately?

☐ Yes☐ No

Are individual drivers a minimum of 10 years of age and 1.4m (55 inches) in height?

☐ 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

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 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: _____

3.3 **Workers Compensation**

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

If no, please provide explanation: _____

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

If yes, please provide details: _____

4.4 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.

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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

[illegible]