

SECTION 1: INSURED

1.1 Effective Dates

Policy period required from (effective date): _____ to (expiry date): _____

1.2 Named Insured as it is to appear on policy: _____

1.3 What is the insured?

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

1.4 Mailing Address: _____

Address of Actual Operation (if different than mailing address): _____

1.5 Web Site: _____

1.6 Doing Business As: _____

1.7 Name, Address and Description of Operations of all Subsidiary Companies:

SECTION 2: BROKER DETAILS

2.1 Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

E-mail address: _____

SECTION 3: DESCRIPTION OF OPERATIONS

3.1 Please describe track usage: _____

[] Concession % _____

[] Corporate (training/entertainment) % _____

[] Motorsports Racing Facility % _____

[] Other % _____

Describe: _____

3.2 Number of patrons annually: _____

3.3 Number of corporate events: _____

3.4 Operating Hours: _____

3.5 TSSA Approved? ☐ Yes ☐ No When was the last inspection? _____

Kart Design

3.6 16. Number of Karts:

a) Single: _____

b) Double: _____

3.7 Kart manufacturer(s): _____

3.8 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

3.9 Are the means of adjusting the speed accessible to the user of the kart? ☐ Yes ☐ No

If yes, please describe: _____

3.10 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

3.11 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: _____

3.12 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

3.13 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

3.14 Do all helmets used conform to applicable regulations under the Highway Traffic Act? ☐ Yes ☐ No

3.15 Do you ensure all helmets are properly fitted to the patron? ☐ Yes ☐ No

Track Design

3.16 Is track surface: ☐ Asphalt ☐ Concrete ☐ Other _____

3.17 What is the total length of the track? _____

3.18 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

3.19 a) Please describe fuel storage area:

b) How is the fuel storage area protected?

3.20 Is refuelling of karts carried out at a location that is inaccessible to the public at the time of refuelling? ☐ Yes ☐ No

3.21 Is spectator area inaccessible from track area unless escorted by an employee? ☐ Yes ☐ No

If no, please explain: _____

Track Barriers

3.22

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

3.23

Are the tires noted in (1) above bound together along the inner and outer edge of the track?

☐ Yes☐ No

3.24

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

Track Operations

3.25

Do you have the operator height restrictions in place?

☐ Yes☐ No

Please describe:

Adult:

Kiddie:

3.26

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

☐ Yes☐ No

If no, please explain:

3.27

How many karts are allowed on the track at any one time?

3.28

Do you require all karts operating on the track at any one time to have compatible bumpers, body parts and wheels?

☐ Yes☐ No

3.29

Do you allow adult karts and kiddie karts on the track at the same time?

☐ Yes☐ No

3.30

Do you have a policy to shut down the track during inclement weather?

☐ Yes☐ No

Please outline:

3.31

Do you shut down the track if visibility is less than one hundred (100) meters?

☐ Yes☐ No

3.32

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

3.33

Are all patrons having hair longer than shoulder length required to tie up their hair?

☐ Yes☐ No

3.34

Is smoking allowed on the premises?

☐ Yes☐ No

If yes, please describe location and precautions taken:

3.35

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:

3.36

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

☐ Yes☐ No

Protection

3.37

Is the track equipped with ABC checmical fire extinguishers of a minimum of 2.25 kilograms each?

☐ Yes☐ No

3.38

Do you have fire extinguishers located within seventy-five (75) meters of every section of the track?

☐ Yes☐ No

3.39

In addition to question (42) above, do you have at least one fire extinguisher in the pit area?

☐ Yes☐ No

3.40

Are the locations of each fire extinguisher prominently marked and easily accessible?

☐ Yes☐ No

3.41 Do you have First Aid Kits available?

☐ Yes☐ No

3.42 Are all First Aid stations prominently marked and easily accesible?

☐ Yes☐ No

3.43 Minimum number of attendant at any one time?

3.44 Are all employees required to wear identifiable clothing?

☐ Yes☐ No

3.45 Are all employees required to have First Aid/CPR Certificates?

☐ Yes☐ No

3.46 Please outline your safety procedure education program for employees:

Signage

3.47 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

3.48 Please indicate where signs are posted:

☐ Entrance to Facility

☐ Entrance to Pit Area

☐ In the Pit Area

3.49 Is lettering:

☐ At least 25mm in height

☐ Written in contrasting colour

☐ Upper case

SECTION 4: LIMITS OF LIABILITY REQUIRED

4.1 Commercial General Liability

Each Occurence 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:

\$

4.2 Operations

Please describe fully and break down the types of operations and work performed by the applicant:

A. Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

B. If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: 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: _____

How long has Applicant been in business: _____

What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

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

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

4.4 **Protective Liability**

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

☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____

SUBLET \$ _____

Please describe the types of work let or sublet: _____

4.5 **Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: _____

4.6 **Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?

☐ Yes ☐ No

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

4.7 **Aircraft & Watercraft**

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

☐ Yes ☐ No

If yes, please give details: _____

4.8 **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? _____

(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

4.9 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
1.				
2.				
3.				
4.				
5.				

4.10 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.):

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

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

4.12 Please attach a copy of the Insured’s most recent audited financial statement.

SECTION 5: CLAIMS INFORMATION

5.1 Does the Insured have a formal loss-control program?

☐ Yes☐ No

If yes, please provide details:

5.2 Does the Insured have a formal employee safety-training program?

☐ Yes☐ No

If yes, please provide details:

5.3 Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes☐ No

If yes, please provide details:

5.4 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)

SECTION 6: DECLARATIONS

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.

Signed:_____ Full Name:_____

Position Held:_____ Date:_____

Agent/Broker:_____