

**Facility underwriting mandatory to provide coverage and certificate of insurance.
Please complete the event location diagram sheet for each location.**

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 What is the insured?

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

2.4 Club Association or Promoter _____

Address: _____

Contact Name: _____ Telephone: _____

2.5 Event to be held: ☐ Indoors ☐ Outdoors

Facility Name: _____

Address: _____

City: _____ Province: _____

Type of Event: _____

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickel pitch...): _____

Provide minimum ages of participant in each vehicle class: _____

Limits of Coverage Requested: _____

2.6

Are helmets required to be worn by all participants?

☐ Yes☐ No

Are waivers signed by all participants and those allowed in restricted areas?

☐ Yes☐ No

2.7

Do you intend to provide coverage for participants?

☐ Yes☐ No

Send certificate to:

Name:

Send certificate to:

Special Instructions:

2.8

Barrier:

Are there Guard Rails protecting all spectator and participant areas?

☐ Yes☐ No

Type of Material Used:

Height of Rail:

If other than concrete, what are the support posts?

Distance apart?:

2.9

Fence:

Is there a Crowd Control Fence?

☐ Yes☐ No

Type of Material Used:

Height of Fence:

Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall?

☐ Yes☐ No

If at a fairground, are all Spectators restricted to the Grandstand?

☐ Yes☐ No

2.10

Grandstands:

Are there grandstands?

☐ Yes☐ No

Age:

Construction:

Distance between course and grandstand:

Seating Capacity:

Distance between grandstand and crowd control fence:

Estimated Attendance:

Time Period of Show:

 hours

Any rows blocked off during event?

☐ Yes☐ No

If yes, show on diagram

2.11 Will there be trained medical personnel on site? ☐ Yes ☐ No

Who? _____

Ambulance present? ☐ Yes ☐ No

Will there be fire safety on site? ☐ Yes ☐ No

How many people? _____

What equipment? _____

Fire Extinguishers? ☐ Yes ☐ No

Type: _____

Are you using K&K Insurance Release Form Procedures? ☐ Yes ☐ No

Number and type of security personnel: Uniformed Officers _____ Contracted _____ Employees _____

2.12 **For Monster Trucks:**

Do all trucks have remote ignition kill systems? ☐ Yes ☐ No

If Yes, are all systems tested prior to each event? ☐ Yes ☐ No

Ride truck present? ☐ Yes ☐ No

If yes, please provide details regarding trucks and program: _____

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.) _____

Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook? ☐ Yes ☐ No

2.13 **For Autocross, Ride and Drive, Driving School and Drifting Type Events:**

What is the maximum speed allowed?: _____

Maximum number of cars on course at one time? _____

2.14 **For Driving Schools:**

Number of Instructors: _____

Number of Students: _____

List Experience of all Instructors: _____

Percentage breakdown of school instruction: Classroom time _____ % On track time _____ %

Passing allowed? ☐ Yes ☐ No

If yes, under what circumstances? _____

Who maintains school vehicles? _____

2.15 **For Ride and Drive Events:**

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers, etc.): _____

Are passengers allowed? ☐ Yes ☐ No

If yes, what is the minimum age? _____

Is there any public road exposure? ☐ Yes ☐ No

Is passing allowed? ☐ Yes ☐ No

Number of vehicles on track at one time? _____

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

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

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

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

[illegible]