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Fort Wayne, IN 46801-2338
(800) 348-1839 Fax (260) 459-5118
www.kandkinsurance.com
California License #0334819

## MOTORSPORTS FACILITY APPLICATION

## FOR RACING LIABILITY AND PARTICIPANT ACCIDENT COVERAGE

1.	INSURED INFORMATION Account Code (If known):						
	Legal Name:						_
	Doing Business As:						
	Address:						
	City:	State:		Zip:			
	Phone: ()	Fax: (	)				
	Contact Person:						
	UPS Mailing Address:						
	City:			Zip:			
	Insured is:   Corporation  Partnership  Jo	oint Venture	☐ Other (explain):				
	In what state is the organization headquartered/charte	red?					
	Policy Period Requested: From:						
2.	ADDITIONAL INSUREDS	BUSINESS	RELATIONSHIP				
3.	TOTAL ANNUAL ATTENDANCE (estimated):						
4.	TYPE OF RACING FACILITY: • Oval	Dragstrip	☐ Road Course	☐ Mot	ocross	;	
5.	UNDERWRITING INFORMATION:						
	a. Does barrier/guardrail protect all spectator areas?				Yes		No
	Does barrier/guardrail protect all pit areas?				Yes		No
	Does barrier/guardrail protect all private property?				Yes		No
	Does barrier/guardrail protect all worker stations?				Yes		No
	b. Are spectators and participants contained behind p	ositive barrie	r by crowd control fence?		Yes		No
	c. Are ancillary spectator areas (parking lots, walkway	/s, etc) protec	cted with the same				
	minimum barriers and fencing as the main grandsta	and area?			Yes		No
	d. Is pit/paddock area completely fenced off from spe-	ctator areas?			Yes		No
	e. Is pit road completely fenced?				Yes		No
	f. Is a state-certified ambulance on site?				Yes		No
	☐ Sub contracted ☐ Track Owned						
	g. Are licensed ambulance attendants provided?				Yes		No
	h. Is fire equipment provided?				Yes		No
	☐ Fire Department ☐ Track Owned Equipment	nt					
	i. Is all track activity supervised? (i.e., swap meets, te	est & tune)			Yes		No
	j. Are trained/certified race vehicle tech inspectors pro	ovided?			Yes		No
	k. Are approved helmets required?				Yes		No

	I.	Are approved restraint b	elts required?					Yes		No
	m.	Are drivers under the ag	e of 16 permitted?					Yes		No
		If yes, in what class?								
		What is minimum age?_								
	n.	<u> </u>	e allowed in restricted/pit	areas?						
			ving area in the pits for cl					Yes		No
		•	t located on the property?		9			Yes		No
			ent?							
	q.		rmitted during non-race a					Yes		No
		If yes, do you have hook	:-ups?							
	r.	Are worker stations atter	nded?					Yes		No
	s.	Are aircraft permitted to	land on the premises?					Yes		No
		•	oose?							
	t.	Is there any open water	on your immediate prope	rty?				Yes		No
		If yes, how large?	How deep?							
		If yes, is it completely fe						Yes		No
	u.		Seating capac	city	Avg. atte	endance				
			inspected for slip/trip/fall							
	V	•	rer and Release form read	-	•					
		persons permitted in res		J	, , ,			Yes		No
	w.	Are other releases used						Yes		No
6.	SE	CURITY								
			y security personnel are p	orovided?						
	۵.		☐ Local Police		Prov Police	□ Private				
	h		ired as:			☐ By cont				
	υ.	• •	quire a certificate of insura	•	•	□ by cont		Yes		No
		ii by contract, do you let	quire a certificate of insure	ance nom	uieiii:		_	163	_	INO
7.	SU	BCONTRACTORS (ga	s, welding, ambulance/me	edical wre	cker fire equipme	ent others)				
		·=	of the following work or h				s?			
	u.	•	☐ Tires		ng			tivo		
		☐ Ambulance/Medical			quipment			uve		
		☐ Souvenirs	☐ Liquor Vendor				eriorm	ers		
		☐ Portable Toilets	Other:					-		
	b.		nce on file from each sub	contractors	s naming your org	ganization				
		as an additional insured	?				L	Yes		No
			PAM (now incureds only							
8.			<b>iRAM</b> (new insureds only	• /			داء مدما			
		•	a diagram of the property	and the tra	ack, use the symi	oois shown in	Dracke	els ioi		
	IIIU	stration purposes.	\/' ' A FORF	- 0	Na antala a Dadiia a	A FODI				
	<ul> <li>Spectator Viewing Areas [SV]</li> <li>Restricted Areas = [RA]</li> <li>Ambulance Security Personnel = [A]</li> <li>Concessions = [C]</li> </ul>				Spectator Parking	Areas [SP]				
					Pit Areas = <b>[PA]</b>					
					Security = [S]					
				• Restrooms = [RR]						
		<ul><li>Fire Exting</li></ul>	guishers = <b>[X]</b>	• E	Barriers [(draw	a solid line)			1	
		• Fences	[ (draw a long dashed	d line) Ov	rer 5 feet:			1		
		I	[ (draw a short dashe	ed line)Ur	nder 5 Feet: _			1		
		<ul><li>Show the</li></ul>	Distance Between Track	and Neare	st Crowd Control	Fences				

## **MOTORSPORTS FACILITY INFORMATION**

## 1. GENERAL INFORMATION a. Track Name \_\_\_\_\_ b. Track Address/Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_ c. Do you currently purchase any of the following insurance coverages? □ Primary Fireworks Liability □ Employment Practices Liability □ Liquor Liability □ Commercial Auto ■ Workers Compensation □ Directors & Officers Liability □ Property ☐ Crime ☐ Inland Marine d. Are you planning any of the following ancillary events or intermission shows, either on or off premises? Swap Meets □ Driving Schools □ Concerts □ Skydivers ☐ Stunt Performers ■ Monster Trucks □ Pyrotechnic Performers Jet Car Burns □ Coin Tosses ☐ Kids Bike Races □ Amusement Rides ☐ Fireworks Displays □ Trade Shows ☐ Mall Shows Other: Will you subcontract or promote these events yourself?\_\_\_\_\_ NOTE: The policies for which you are applying may not provide coverage for the exposures and activities listed above under section 1. c. and 1. d. without written confirmation from K&K. For coverages under 1. c. and 1. d., additional application and premium may be required. If you want a quote for coverage for any of the above, please contact your K&K account representative. 2. FOR STOCK CAR RACING FACILITIES ☐ Dirt a. Track Length: Paved ☐ Other\_\_\_\_ ☐ Low b. Degree of Banking: □ Average ☐ High c. Events Scheduled: ☐ Closed Wheel ☐ Open Wheel □ Cycle/ATV □ Enduros Other ☐ Yes ☐ No d. Are reinforced right-front wheels required on all cars\*? (\*Not required for open wheel vehicles.) e. Are 4-point roll bars (minimum) required on all cars? ☐ Yes ☐ No f. Are all doors securely fastened? ☐ Yes □ No 3. FOR DRAG RACING FACILITIES a. Strip Length: Shut Down Length: \_\_\_\_\_

□ Paved

□ Grass

Jets

c. Events scheduled involving more than 10 of the following vehicles:

□ Sand

■ Water

■ Mud

□ Blown alcohol □ Blown Nitro Methane

☐ Yes

☐ No

b. Surface:

d. Any events involving cycles only?

4.	FOR MOTORCYCLE RACING FACIL	ITIES	
	a. Events Scheduled	☐ Motocross ☐ Flat Track ☐ Scrambles	
		☐ Hare Scrambles ☐ Road Course ☐ Hare & Hound	
	b. Type of surface	AMA Sanctioned?	ì No
	c. Is there a minimum distance of 30 fee		
	control fencing at all jump areas at all		i No
	d. Is there a minimum distance of 20 fee		
	control fencing at all other viewing are		ì No
	control following at all other viewing are	2 100 2	
5.	FOR ROAD RACING FACILITIES		
-	a. Events Scheduled:	☐ Ride-N-Drives ☐ Car Club Drivers Schools/Time Trials	
	ar Everne corregated.	□ SCCA Races □ Non-SCCA Races (include vintage)	
		☐ Motorcycles ☐ Commercials/Film Shoots	
		☐ Go Karts ☐ Private Driving School	
	b. Ann attenue and mat about all all and	9	
	b. Any other event not checked above:_		
		ermining whether to provide a quotation for insurance coverage will rely	
		other information being submitted. I hereby warrant, represent and confir	m that
to t	ne best of my knowledge, all information prov	vided is complete, true and correct.	
App	licant's Signature	Producer's Signature (if applicable)	
App	licant's Name (print)	Producer's Name (print)	
-66	(P )	(p.m.)	
Date	e (MM/DD/YY)	Date (MM/DD/YY)	

By signing above, I authorize K&K Insurance Group, in accordance with state regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

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