



# MOTORSPORTS FACILITY APPLICATION

FOR RACING LIABILITY AND PARTICIPANT ACCIDENT COVERAGE

**1. INSURED INFORMATION**

Account Code (if known): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Insured is:  Corporation  Partnership  Joint Venture  Other (explain): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Track Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long has this facility been in operation? \_\_\_\_\_

How long have you operated this facility? \_\_\_\_\_

**2. ADDITIONAL INSUREDS**

**BUSINESS RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of prior insurance carrier? \_\_\_\_\_ Number of years with this carrier? \_\_\_\_\_

**Limits requested:** General Liability \$ \_\_\_\_\_ Legal Liability to Participants \$ \_\_\_\_\_ Excess \$ \_\_\_\_\_

PARTICIPANT ACCIDENT: Primary Medical \$ \_\_\_\_\_ Excess Medical \$ \_\_\_\_\_ Weekly Disability Income \$ \_\_\_\_\_

AD&D \$ \_\_\_\_\_ OTHER: \_\_\_\_\_

**3. TOTAL ANNUAL ATTENDANCE** (estimated): \_\_\_\_\_

**4. TYPE OF RACING FACILITY:**  Oval  Dragstrip  Road Course  Motocross

**5. SANCTIONING BODIES REPRESENTED:** Weekly \_\_\_\_\_ Special Events \_\_\_\_\_

Name of sanctioning body \_\_\_\_\_

**6. UNDERWRITING INFORMATION:**

- a. Barrier/guardrail height? \_\_\_\_\_ Barrier/guardrail construction? \_\_\_\_\_
- 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
- Debris fence height? \_\_\_\_\_
- b. How many cables in fencing: \_\_\_\_\_ Size of cable: \_\_\_\_\_
- c. Are spectators and participants contained behind positive barrier by crowd control fence?  Yes  No
- d. What is the distance between debris fence and spectator area? \_\_\_\_\_
- e. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area?  Yes  No
- f. Is pit/paddock area completely fenced off from spectator areas?  Yes  No
- g. Is pit road completely fenced?  Yes  No
- h. Is a state-certified ambulance on site?  Yes  No
- Sub contracted  Track Owned
- i. Are licensed ambulance attendants provided?  Yes  No
- j. Is fire equipment provided?  Yes  No
- Fire Department  Track Owned Equipment Number of extinguishers: \_\_\_\_\_
- k. Is an emergency evacuation plan in place?  Yes  No
- l. Is all track activity supervised? (i.e., swap meets, test & tune)  Yes  No
- m. Are trained/certified race vehicle tech inspectors provided?  Yes  No
- n. Are approved helmets required?  Yes  No
- o. Are approved restraint belts required?  Yes  No
- p. Is there a separated viewing area in the pits for children under age 14?  Yes  No
- q. Are aircraft permitted to land on the premises?  Yes  No
- What type and what purpose? \_\_\_\_\_
- r. Are drivers under the age of 16 permitted? (If yes, complete the Minor Participants Supplemental form)  Yes  No
- s. What percentage of your participants are minors? \_\_\_\_\_% (see Minor Participants Supplemental form)
- t. What is the minimum age allowed in restricted/pit areas? \_\_\_\_\_
- u. Is playground equipment located on the property?  Yes  No
- If yes, what type equipment? \_\_\_\_\_
- v. Is overnight camping permitted during non-race activities?  Yes  No
- If yes, do you have hook-ups? \_\_\_\_\_
- w. Are worker stations attended?  Yes  No
- x. Is there any open water on your immediate property?  Yes  No
- If yes, how large? \_\_\_\_\_ How deep? \_\_\_\_\_
- If yes, is it completely fenced in?  Yes  No
- y. Age of grandstand \_\_\_\_\_ Seating capacity \_\_\_\_\_ Avg. attendance \_\_\_\_\_
- How often is grandstand inspected for slip/trip/fall/collapse exposures? \_\_\_\_\_
- z. Is a K&K approved Waiver and Release form read and signed by all participants and other persons permitted in restricted areas?  Yes  No
- zz. Are other releases used?  Yes  No

**7. SECURITY**

a. What type and how many security personnel are provided?

- Sheriff \_\_\_\_\_  Local Police \_\_\_\_\_  State/Prov. Police \_\_\_\_\_  Private \_\_\_\_\_

b. Security personnel are hired as:

- Employees  By contract

If by contract, do you require a certificate of insurance from them?  Yes  No

**8. SUBCONTRACTORS** (gas, welding, ambulance/medical, wrecker, fire equipment, others)

a. Do you sub-contract any of the following work or have the following independent contractors?

- Fuel  Tires  Welding  Other Automotive  
 Ambulance/Medical  Wrecker  Fire Equipment  Food Vendor  
 Souvenirs  Liquor Vendor  Fireworks Shooter  Stunt Performers  
 Portable Toilets  Other: \_\_\_\_\_

b. Are certificates of insurance on file from each subcontractors naming your organization as an additional insured?  Yes  No

**9. EVENT LOCATION DIAGRAM** (new insureds only)

On a separate sheet, draw a diagram of the property and the track, use the symbols shown in brackets for illustration purposes.

- Spectator Viewing Areas **[SV]**
- Restricted Areas = **[RA]**
- Ambulance Security Personnel = **[A]**
- Concessions = **[C]**
- Fire Extinguishers = **[X]**
- Fences **[ (draw a long dashed line) Over 5 feet: \_\_\_\_\_ ]**  
**[ (draw a short dashed line) Under 5 Feet: \_ \_ \_ \_ \_ ]**
- Spectator Parking Areas **[SP]**
- Pit Areas = **[PA]**
- Security = **[S]**
- Restrooms = **[RR]**
- Barriers **[ (draw a solid line) \_\_\_\_\_ ]**
- Show the Distance Between Track and Nearest Crowd Control Fences

**MOTORSPORTS FACILITY INFORMATION**

**10. 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  
 Workers Compensation  Commercial Auto  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?
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Swap Meets             | <input type="checkbox"/> Driving Schools | <input type="checkbox"/> Concerts           |
| <input type="checkbox"/> Monster Trucks         | <input type="checkbox"/> Skydivers       | <input type="checkbox"/> Stunt Performers   |
| <input type="checkbox"/> Pyrotechnic Performers | <input type="checkbox"/> Jet Car Burns   | <input type="checkbox"/> Coin Tosses        |
| <input type="checkbox"/> Kids Bike Races        | <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Fireworks Displays |
| <input type="checkbox"/> Trade Shows            | <input type="checkbox"/> Mall Shows      | <input type="checkbox"/> 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.

**11. FOR STOCK CAR RACING FACILITIES**

- a. Track Length: \_\_\_\_\_  Dirt  Paved  Other \_\_\_\_\_
- b. Degree of Banking:  Low  Average  High
- c. Events Scheduled:  Closed Wheel  Open Wheel  Enduros  Cycle/ATV  Other \_\_\_\_\_
- d. Are reinforced right-front wheels required on all cars\*?  Yes  No  
 (\*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

**12. FOR DRAG RACING FACILITIES**

- a. Strip Length: \_\_\_\_\_ Shut Down Length: \_\_\_\_\_
- b. Surface:  Paved  Sand  Mud  
 Grass  Water
- c. Events scheduled involving more than 10 of the following vehicles:  
 Jets  Blown Alcohol  Blown Nitro Methane
- d. Any events involving cycles only?  Yes  No

**13. FOR ROAD RACING FACILITIES**

- a. Events Scheduled:  Ride-N-Drives  Drivers Schools/Time Trials  
 Spectator Races  Non-Spectator Races (include vintage)  
 Motorcycles  Commercials/Film Shoots  
 Go Karts  Member Days
- b. Any other event not checked above: \_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____ Applicant's Signature	_____ Producer's Signature (if applicable)
_____ Applicant's Name (print)	_____ Producer's Name (print)
_____ Date (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.