

1712 Magnavox Way P.O. Box 2338 Fort Wayne, Indiana 46801 (877) 355-0315 Fax (260) 459-5810 www.kandkinsurance.com CA #0334819

DOG TRACK LIABILITY INFORMATION FORM

Ins	sured name (as will appear o	n policy):_					
Ma	ailing address:						
Cit	ty:				State:	Zip:	
	ack address:						
	ty:						
We	eb site address:			Tax ID nun	nber:		
	IF NO, PLEASE ATTACH A C	es the Named Insured own the track premises?					
2.	2. Are grounds completely fenced?						
3	•						
Ο.	Who is responsible for the following (check one)? INSURED SUB-CONTRACTED* OTHER						
_	Parking)	O	O			
	· ·	\circ	9	<u> </u>			
	Security	-	2	_			
	Maintenance	\circ	3	O _			
	Concession sales	0	3	O _			
	Liquor sales	0	3	O _			
	First aid (personnel)	0	0	_			
	Events	0	3	<u> </u>			
	Fireworks displays	0	0	О _			
	Amusement devices/rides	0	О	О _			
4.	Do all subcontractors and/or is facility listed as an addition PLEASE PROVIDE COPIES CO	nal insure	d, indemnified and	d held harmless?			
5.	Additional Insured		Business Relationship		<u>Certific</u>	ate Required	
	a						
	b						
	C						
	d						
6.							
7.							
8.	Dates of racing season(s):						
	a. Number of live racing days:						
	b. Average daily attendance						
	c. Number of simulcast da						
	d. Average daily attendance						
9.	Number of dogs kenneled a	•	- /				

PLEASE PROVIDE A COPY OF THE CURRENT KENNEL AGREEMENT.								
10. Construction of kennels: O Frame O Non-combustible O Masonry non-combustible O Jointed masonry O Fire resistive O Modified fire resistive								
Property Damage to dogs (Please indicate the coverage limits you are requesting):								
O \$10,000 per dog/\$100,000 per occurrence/aggregate								
○ \$25,000 per dog/\$250,000 per occurrence/aggregate								
○ \$50,000 per dog/\$500,000 per occurrence/aggregate								
O None								
11. Are any locations situated within a 6 block radius of any of the following: Presidential Office/Residences, Senate, Congress, Government Buildings, Central Business District, Federal Buildings, Airports, Air Space Zones, Skyscrapers, Hotels, Casinos, Civilian Airliners, Military Bases, Nuclear Power Plants, Ports Harbors, Stadiums, Stock Exchanges, Fortune 100 Companies, Industrial Sites, United Nations Buildings, World Bank Buildings, Tourist Attractions, Historic/National Landmarks, Media Headquarters, Subway Stations, Main Train Stations, Israeli Consulates, High Profile Shopping Malls, High Profile Theatre Districts? O Yes O No If yes, what is it? Which Location?								
12. List total grandstand capacity: Age:								
Construction:								
List total grandstand capacity: Age:								
Construction:								
List total grandstand capacity: Age:								
Construction:								
13. Is your facility in compliance with city, county, state and township building, safety and fire codes? O Yes O No								
If no, explain:								
14. Fire prevention services on site:								
a. What percentage of the grandstand/clubhouse is sprinklered?%								
b. Are fire extinguishers easily accessible in all buildings?								
How often are they checked? By whom?								
c. Are hydrants and hoses strategically located and accessible?								
Is water source: O Municipal line O On premises reservoir								
O Fire station tank truck O Other:								
d. Distance to nearest fire station: Response time:								
Is the station manned by: O Professionals O Volunteers								
15. Patron services:								
a. Are buses or trams used on the premises? O Yes O No								
b. Are curbs, steps, ledges highlighted? O Yes O No								
c. Are handicap services provided in: Restrooms Parking areas Ramps								
d. Are the grandstand/clubhouse exits clearly marked? O Yes O No								
e. Are stairways and emergency egress routes equipped with emergency lighting?f. Does crowd control fencing prevent spectators from entering restricted areas?O Yes O No								
16. Is there currently a self-insured retention in place? O Yes O No								
If yes, what limit? \$								
17. Current deductible amount: \$ 18. Are any non-racing activities or exposures sponsored by the track management held at this facility during:								
Non-racing season? Non-racing season?								
Racing season?								
On race days?								
If yes, explain and PROVIDE A COMPLETE LISTING OF ALL EVENTS:								

19. PLEASE ATTACH A SCHEDULE OF ANY NON-RAMANAGEMENT, FOR WHICH COVERAGE IS DES		
•	on the grounds such as playgrounds, parks, ponds, etc. for	which
coverage is desired?	O Yes	O No
If yes, please describe:		
21. Is an overnight public campground provided?	O Yes	O No
If yes, how many spaces?		
Is 24 hour campground security maintained?	O Yes	O No
PLEASE SUBMIT A COPY OF THE RULES AND F	REGULATIONS REGARDING CAMPING CONDUCT.	
22. Does your facility host or sponsor such events as: m	nud runs, Urbanathlon, Warrior Dash	
· · · · · · · · · · · · · · · · · · ·		O No
23. Does your facility lease out/contract their property fo		O Na
warrior Dash, extreme challenge, or anything simila	r in exposure? O Yes	O No
If ves. do vou require a Certificate of Insurance nam	ing you as an Additional Insured?	O No
		O No
Do you require coverage to be shown for both Gene	eral Liability and for Participant Legal Liability? O Yes	O No
24. Does the event or course involve any man-made cha		
stair climbs, wall climbs, cargo nets, tire runs, draina	age pipe crawi throughs or fires/fiames	O No
or any sort:		J 110
25. Does the event or course encounter or encompass a	any water obstacles such as ponds or	
water pits requiring the participant to submerge under	er water at any point? O Yes	O No
	2 1/	Q 11
26. Does the course involve any mud obstacles?	O Yes	O No
and any other party with regard to this op Diagram and photos of track location. Written/Printed emergency evacuation plate of events. Current schedule of events. Currenxt year financial reports. Four (4) year detailed loss history listings Copy of the current policy from previous (This application to be filled out and standard that the insurance company in determination on the information contained in the application	old harmless agreements between the track manage peration. an. s from previous carrier.	rage will warrant,
Applicant's Signature Applicant's Name (print)	Producer's Signature (if applicable) Producer's Name (print)	
Date (MM/DD/YY)	Date (MM/DD/YY)	