



Motorsports Application

COMPANY INFORMATION:

Named Insured: _____ Email: _____
Doing Business As: _____ Since: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address of Race Track: _____
City: _____ State: _____ Zip: _____
Directions to Track from Major Intersection: _____
Contact Person: _____ Web Address: _____
Phone: _____ Fax: _____
Person is: () Owner () Promoter () Agent () Other _____
Description of Business/Event: _____
Insured is: () Corporation () Partnership () Joint Venture () Other _____
Years of promoting experience: _____
What State is Organization Headquartered or Chartered: _____
Policy Period Being Requested: From: _____ To: _____
Estimated Number of Events: _____ Estimated Total Attendance: _____
Additional Insured: _____
Additional Insured's Addresses: _____
Business Relationship with Insured: _____

CURRENT COVERAGE INFORMATION:

Presently Insured With: () Allied () K&K () NARI () Other _____
Liability Limit Coverage: _____ Premium Paid: _____
Participant Accident: Medical Limit Coverage: \$ _____ () Primary () Excess Premium Paid: \$ _____
Accidental Death & Dismemberment: \$ _____ Premium Paid: \$ _____
Number of Spectator Liability Claims in the past 3 years: _____ Amount Paid: \$ _____
Number Still Pending: _____ Describe: _____
Number of Participant Accident Claims in the past 3 years: _____ Amount Paid: \$ _____
Number still Pending: _____ Describe: _____
Has this type of insurance ever been: () Cancelled () Declined () Non-Renewed
If so, please explain: _____
Who in your organization reviews the contracts prior to signing?
() Corporate Officer () Counsel () Other (explain): _____

COVERAGE REQUESTED:

Liability limits: \$ _____ () Tune and Test () Liquor Liability - Please complete
Supplemental Liquor Application RAC LIQ () Banquet Liability
Participant Accident: Accidental Death & Dismemberment: \$ _____ Medical (Excess only): \$ _____

TO BE SIGNED BY PROMOTER:

I hereby warrant that I have established a system for all the racing events that secures a properly signed and executed Waiver and Release of Liability form from all participants.

Signature _____ Date _____



T.H.E. Insurance Company
10451 Gulf Boulevard Treasure Island, FL 33706
Phone: (727) 367-6900 National (800) 237-3355 Fax (727) 360-3498

OVAL TRACK:

Length of track: _____ Track Surface _____

GUARDRAIL:

Material: _____ Height _____ Thickness _____

What is the distance (in feet) from the lowest set of seats to the guardrail?: _____

Does guardrail protect: Pit area? _____ All spectator areas? _____

All private property? _____

WHEEL FENCE:

Fence post material: _____ Distance apart: _____

Height above the racing surface: _____ Type of fence wire: _____

Does the wheel fence protect: Pit area? _____ All spectator areas? _____

All private property? _____

Does wheel fence have a minimum of three (3) 3/8" diameter cables running the entire length of the wheel fence? _____

Are the cables on the track side and secured to each fence pole? _____

SEATING:

Seating capacity: _____ Average attendance: _____

Grand stand construction material _____ Condition: _____ Age _____ Handrails _____

Are spectators and/or general admissions permitted: to sit in parked car to watch race? _____

In the infield? _____ in Pit area? _____

Are there grandstands in the pit area? _____ Protected by guardrail? _____ Wheel fence? _____

Are there any playgrounds or amusement rides on the premises? _____

How many race meets are scheduled in which the following car types will appear:

Full body stock cars _____, Open wheel stock cars _____, Sprint cars _____,

Winged sprint cars _____, Midgets _____, Winged midgets _____,

Go-Kart _____, Mini-stocks _____, Motorcycle _____, Snowmobile _____,

Other _____

CHECK IF:

() You have a paramedic on duty?

() Track signal lights?

() Fire wall required between driver and gas tank?

() Flagman on a well protected stand?

() Qualified tech inspector?

() Mobile fire equipment?

() Stationary fire equipment?

() Ambulance on premises and on duty?

() All cars have roll bars?

() Shoulder harness and lap belt required?

() Approved crash helmets?

() Fire suit and gloves required?

() Doors securely fastened?

() Safety or reinforced hubs?

() Do you maintain a pit pass system to identify those persons authorized to be in pit or competition areas?

DRAG STRIP

Length of track _____ Track surface _____
Width of track _____ Length of shut down area _____
Length of timing zone _____ Is Finish Line well marked? _____

GUARDRAIL:

Material _____ Height _____ Thickness _____
Is guard rail on both sides of strip? _____ Distance from rail to strip _____
Length of rail _____
What is the distance (in feet) from the guardrail to edge of strip? _____

CROWD CONTROL FENCE:

Fence post material _____ Distance apart _____ Type of fence wire _____
What is the distance (in feet) from the closest crowd control fence to the edge of the strip? _____
Are there any playground equipment or amusement rides on premises? _____
Are spectators and/or general admissions permitted: In staging areas? _____
To park or view in areas not protected by guardrail? _____

SEATING:

Seating capacity _____ Average attendance _____
Grandstand construction material _____
Condition _____ Age _____ Handrails _____

Check yes if:

- Do you have a paramedic on duty?
- Fire wall required between driver and gas tank?
- Qualified tech inspector?
- Mobile fire equipment?
- Stationary fire equipment?
- Ambulance on premises and on duty?
- All cars have roll bars?
- Shoulder harness and lap belt required?
- Approved crash helmets?
- Fire suit and gloves required?
- Doors securely fastened?
- Do you maintain a pit pass system to identify those persons authorized to be in pit or competition areas?

Required for applicable classes:

- Safety hubs
- Flywheel shield
- Fire suit and gloves required

Please indicate what following types of drag racing machines may be competing in scheduled events:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Top Fuel | <input type="checkbox"/> Top Alcohol Dragster | <input type="checkbox"/> Funny Car |
| <input type="checkbox"/> Top Alcohol Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Comp |
| <input type="checkbox"/> Pro Stock Motorcycle | <input type="checkbox"/> ET Brackets | <input type="checkbox"/> Street Legal |
| <input type="checkbox"/> Super Stock | <input type="checkbox"/> Super Street | <input type="checkbox"/> ATV |
| <input type="checkbox"/> Stock | <input type="checkbox"/> Jr. Dragster | <input type="checkbox"/> Trucks |
| <input type="checkbox"/> Super Comp | <input type="checkbox"/> Grudge | <input type="checkbox"/> Quads |
| <input type="checkbox"/> Super Gas | <input type="checkbox"/> Snowmobiles | <input type="checkbox"/> Other |

For Motorcycle Facilities

Number of Events Scheduled: ___ Type of Events: Motocross Flat Track Scrambles
 Hare Scrambles Road Course Hare & Hound

Type of Surface: _____ AMA Sanctioned? Yes No
Is there a minimum of 30 feet between the course and the crowd control? Yes No
Fencing at all jump areas? Yes No
Is there a minimum distance of 20 feet between the course and crowd control fencing at all other viewing areas? Yes No

FOR ROAD RACING FACILITIES

Number of Events Scheduled: ___ Type of Events: Ride-N-Drives Car Club Drivers Schools/Time Trials
 SCCA Races Non-SCCA Races (including vintage)
 Motorcycles Commercials/Film Shoots
 Go Karts Private Driving School

Any other event not checked above? _____

SUBCONTRACTORS

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 vendors Fireworks Shooter Stunt Performers
 Portable Toilets Other: _____

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

SECURITY

What Type and how many security personnel are provided?

Sheriff _____ Local Police _____ State/ Prov. Police _____ Private _____

Security personnel are hired as: Employees By Contract
If by contract, do you require a certificate of insurance from them? Yes No

Please complete a **track diagram** in the space provided or attach on a separate sheet.

- a. Location of all grandstands/bleachers and all areas where people are admitted.
- b. Staging area and Burn out area.
- c. Crowd control fences and guard rails
- d. Unprotected light or telephone poles
- e. Location of concessions, restrooms, etc.
- f. Return road, timing booth, scales.
- g. Pit areas; show entrance and exit openings from the racing surface
- h. Parking areas.

If you intend to submit this form via e-mail, please attach the track diagram as a separate file.

In Acrobat, choose Document > Attach a File...

In Reader, choose Tools > Commenting > Attach a File as a Comment...

(For more information, see the Help options for your software.)

I hereby apply for the insurance coverage that this application applies to, based on the statements contained herein. I certify that all statements and responses are true. I realize that any misrepresentations may render this policy, if issued, void, and may nullify all claims presented. I agree that this application does not bind me to accept this insurance, if offered, nor does it bind the Company to accept me as an insured, but if the Company does issue a binder or policy of insurance, then I understand that this application forms a warranty to the policy, and that this application will become part of the policy. I agree that any policy issued may be the subject to additional underwriting, i.e. inspections, audits, adjustments of premiums, policy period, and/or deductible amount. I certify that sufficient funds exist to cover my premium payment. In the event that my premium payment is not honored by the bank, I understand that no coverage will be bound or honored. I am aware and understand, and the producer has explained to me, the various limitations and exclusions of the policy. I have also been advised concerning the Company's information practices as outlined in the applicable Privacy Act below.

I hereby further warrant that I have established, maintained and execute a system for all racing events that secures a properly signed and executed Waiver and Release from Liability form from all participants. Further, I have read all the questions and answers on this application. I certify that I have inspected, discovered and corrected and defects that might create a risk of harm to spectators, participants, vendors and all other persons who may use my premises. No animals (except Seeing Eye dogs) will be allowed on the premises.

The minimum age of any person allowed in the restricted area at my facility will be _____ years. ()
Initial

Signed: _____ Date: _____
PROPOSED INSURED TITLE



Signed: _____ Date: _____
AGENT

The completion and signing of this application does not bind the Company to complete the insurance.
LIQUOR SUPPLEMENTAL APPLICATION – MOTORSPORTS
THIS SECTION ONLY NEEDS TO BE COMPLETED IF REQUESTING LIQUOR COVERAGE

GENERAL INFORMATION

Name Liquor license is in: _____

Location to be covered (if more than one location is to be covered, a separate application for each location must be completed): _____

Type of facility or event where liquor will be sold: _____

Class of liquor license? _____ Liquor License Number: _____

Type of beverages sold? _____

At what hour does establishment open and close? _____

At what hour does establishment begin serving alcohol? _____

At what hour can alcohol no longer be purchased? _____

Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type? _____

Do you exercise the right of search and seizure of contraband items? Yes No

If yes, how do you notify the public of this? _____

Do you maintain security personnel at entry check points? Yes No

If yes, what type? _____

Are the alcohol sales and consumption: Contained within one fixed site, or Are booths/stands located throughout the event site?

Number of bartenders? _____

Number of employees other than bartenders serving alcohol beverages? _____

Do servers receive any type of alcohol awareness training? Yes No Please attach training certificates/manuals.

Number of servers at peak hours? _____

What are peak hours? _____

Median age of liquor customers: 21-25 25-30 30-40 40 and over

Are minors allowed to enter the location where alcohol is being served? Yes No

If yes, how is underage consumption of alcohol prevented? _____

Explain how ID's are checked: _____

Are uniformed police officers present at the site of alcohol sales? Yes No

If yes, how many? _____

Are undercover police officers present? Yes No

If yes, how many? _____

Are private security officers present? Yes No

If yes, how many? _____

Are rules and regulations clearly displayed for patrons viewing? Yes No

Describe: _____

In what size of container is the alcoholic beverage served? Cup _____ oz. Pitcher Other

Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No

Explain: _____

Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No

Explain: _____

PREVIOUS CARRIER

Occurrence Claims made – Retro Date: _____

Previous Policy Term: From _____ to _____

Previous Limit of Liability: \$ _____

Previous Policy Premium: \$ _____

BUSINESS HISTORY

Has this establishment and/or applicant ever been charged, cited or fined by an alcoholic beverage control commission or other government regulator?

Charged Cited Fined Does not apply

Other (explain): _____

Describe any liquor liability losses claimed or sustained within the past five years
(include loss amount and status of claim)

Has applicant ever had either general liability or liquor liability insurance cancelled or refused (for reasons other than class or risk)? () Yes () No If yes, please explain: _____

Number of years owned and operated by named Insured: _____

If less than five years at this location, describe experience in serving alcoholic beverages.

RECEIPTS

Annual Alcoholic Beverage Sales: \$ _____

Annual Food Sales: \$ _____

Annual other sales receipts (if applicable): \$ _____

Describe other sales receipts (if applicable): _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed



Signature of Agent


Date Signed

The completion and signing of this application does not bind the Company to complete the insurance.

Motorsports Facility

Supplemental Application

These questions will be part of your track inspection during the season. They will be a requirement of the Insurance Company and should be considered seriously. If your track doesn't comply, your rates could be adjusted accordingly or you could forfeit coverage.

Pictures are very helpful to explain various characteristics of your particular facility. 

	<u>Item:</u>	Yes	No
<u>Grandstands</u>			
1.	All Grandstands have less than 6" fall through area	<input type="checkbox"/>	<input type="checkbox"/>
2.	All Grandstands are enclosed in back to prevent entry by spectators	<input type="checkbox"/>	<input type="checkbox"/>
3.	All Grandstands step edges are highlighted	<input type="checkbox"/>	<input type="checkbox"/>
4.	All warped and rotted seat & walk boards have been replaced	<input type="checkbox"/>	<input type="checkbox"/>
5.	Spectator areas are fenced in a way to prevent access to debris fence	<input type="checkbox"/>	<input type="checkbox"/>
6.	Handrails and back rails are sound and in place	<input type="checkbox"/>	<input type="checkbox"/>
7.	Back rails have fencing to prevent fall through	<input type="checkbox"/>	<input type="checkbox"/>
<u>Guardrail and Debris Fence</u>			
1.	All Spectator and Pit areas are protected by Guard Rail	<input type="checkbox"/>	<input type="checkbox"/>
2.	Guard Rail is minimum of 3' higher than track surface & in good repair	<input type="checkbox"/>	<input type="checkbox"/>
3.	All Spectator and Pit areas are protected by at least 10' high Debris fence With 3"x 3" or less openings	<input type="checkbox"/>	<input type="checkbox"/>
4.	Debris fence has a minimum of three (3) 3/8" cables continuous for the complete length of the debris fence	<input type="checkbox"/>	<input type="checkbox"/>
<u>Concessions</u>			
1.	Any deep frying in kitchen	<input type="checkbox"/>	<input type="checkbox"/>
2.	If yes, do you have an Ansul System for cooking area	<input type="checkbox"/>	<input type="checkbox"/>
3.	Fire Extinguishers are serviced and proper type for concession area	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fluorescent Bulbs are contained by plastic tubes	<input type="checkbox"/>	<input type="checkbox"/>
5.	Compressed air bottles are properly secured to prevent falling	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pit</u>			
1.	Proper fencing is in place to completely enclose restricted area	<input type="checkbox"/>	<input type="checkbox"/>
2.	"No Smoking" signs & containment, in all areas where fuel is stored or distributed	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pit Gate Security is maintained before and during event	<input type="checkbox"/>	<input type="checkbox"/>

