



Salt Lake City Area Office
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Chicago Office
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Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

MOTORSPORTS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
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<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

OVAL TRACK FACILITIES

1. Estimated number of events: _____ Estimated Total Attendance: _____
2. Length of Track: _____ Track Surface: _____
3. Guardrail:
 - i. Material: _____ Height: _____ Thickness: _____
 - ii. What is the distance (in feet) from the lowest set of seats to the guardrail? _____
 - iii. Does guardrail protect: Pit area All spectator areas All private property None
4. Wheel Fence
 - i. Fence post material: _____ Distance apart: _____
 - ii. Height above the racing surface: _____ Type of fence wire: _____
 - iii. Does wheel fence protect: Pit area All spectator areas All private property None
 - iv. Does wheel fence have a minimum of three 3/8" diameter cables running the entire length of wheel fence? Yes No
 - v. Are the cables on the track side and secured to each fence pole? Yes No
5. Seating
 - i. Seating capacity: _____ Average attendance: _____
 - ii. Grand stand construction material: _____
 - iii. Condition: _____
 - iv. Age: _____ Handrails? Yes No
 - v. Are spectators and/or general admissions:
 - a. Permitted to sit in parked car to watch race? Yes No
 - b. Permitted in the infield? Yes No
 - c. Permitted in pit area? Yes No
 - vi. Are there grandstands in the pit area? Yes No
 - a. Are they protected by guardrail? Yes No
 - b. Wheel fence? Yes No
 - vii. Are there any playground or amusement rides on premises? Yes No
6. How many race meets are scheduled in which the following type cars 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: _____
7. Check all that apply:

<input type="checkbox"/> Paramedic on duty	<input type="checkbox"/> Ambulance on premises and on duty
<input type="checkbox"/> Track signal lights	<input type="checkbox"/> All cars have roll bars
<input type="checkbox"/> Fire wall required between driver and gas tank	<input type="checkbox"/> Shoulder harness and lap belt required
<input type="checkbox"/> Flagman on a well protected stand	<input type="checkbox"/> Approved crash helmets

- | | |
|---|--|
| <input type="checkbox"/> Qualified Tech inspector | <input type="checkbox"/> Fire suit and gloves required |
| <input type="checkbox"/> Mobile fire equipment | <input type="checkbox"/> Doors securely fastened |
| <input type="checkbox"/> Stationary fire equipment | <input type="checkbox"/> Safety or reinforced hubs |
| <input type="checkbox"/> Pit pass system (to identify persons authorized to be in pit or competition areas) | |

DRAG STRIP FACILITIES

1. Estimated number of events: _____ Estimated Total Attendance: _____
2. Length of Track: _____ Track Surface: _____
 Width of Track: _____ Length of shut down area: _____
 Length of timing zone: _____ Is finish line well marked? Yes No
3. Guardrail:
 - i. Material: _____ Height: _____ Thickness: _____
 - ii. What is the distance (in feet) from the closest crowd control fence to edge of strip? _____
 - iii. Is guardrail on both sides of the strip? Yes No
 - iv. Distance from rail to strip: _____ Length of rail: _____
4. Crowd Control Fence
 - v. Fence post material: _____ Distance apart: _____
 - vi. Type of fence wire: _____
 - vii. Does wheel fence protect: Pit area All spectator areas All private property None
 - viii. Are there any playground or amusement rides on premises? Yes No
 - ix. Are spectators and/or general admissions permitted in staging lanes? Yes No
 - x. Are spectators and/or general admissions permitted to park or view in areas not protected by guardrail? Yes No
5. Seating
 - xi. Seating capacity: _____ Average attendance: _____
 - xii. Grand stand construction material: _____
 - xiii. Condition: _____
 - xiv. Age: _____ Handrails? Yes No
6. Check all that apply:

<input type="checkbox"/> Paramedic on duty	<input type="checkbox"/> Ambulance on premises and on duty
<input type="checkbox"/> All cars have roll bars	<input type="checkbox"/> Fire wall required between driver and gas tank
<input type="checkbox"/> Shoulder harness and lap belt required	<input type="checkbox"/> Approved crash helmets
<input type="checkbox"/> Qualified Tech inspector	<input type="checkbox"/> Mobile fire equipment
<input type="checkbox"/> Doors securely fastened	<input type="checkbox"/> Stationary fire equipment
<input type="checkbox"/> Pit pass system (to identify persons authorized to be in pit or competition areas)	
7. Required for applicable classes:

<input type="checkbox"/> Safety hubs	<input type="checkbox"/> Flywheel shield	<input type="checkbox"/> Fire suit and gloves
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REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Applicant:

Dated: _____

Agent/Broker:

Signature

Signature

Print Name

Print Name