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## MOTORSPORTS EVENTS

### 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: \_\_\_\_\_

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: \_\_\_\_\_

Please list the Promoter(s)/Manager(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: \_\_\_\_\_

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="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	\$1,000,000/\$2,000,000	<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Optional Coverage:**

Excess Medical for Participants     Excess Medical for Volunteers     Premises Liability

**Self-Insured Retention (SIR):**  \$0    \$500    \$1,000    \$1,500    \$2,500    \$5,000    \$10,000

**E. Business Activities**

1. Name of promoter or club/association: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- d. E-mail: \_\_\_\_\_
2. Is this event(s) sanctioned by the above entity?  Yes  No  
 If yes, please provide any applicable reference number: \_\_\_\_\_
3. Are you interested in single event coverage, or an annual policy where multiple events are provided coverage?  Single  Annual with multiple events

Please provide answers to the following for the event (if annual coverage is requested, provide this information for EACH event):

4. Will there be set practice dates for each event?  Yes  No
5. Date(s) for which coverage is desired: \_\_\_\_\_
6. Date(s) for all scheduled event(s): \_\_\_\_\_
7. Name of event(s): \_\_\_\_\_
8. Location of each event: \_\_\_\_\_  
 \_\_\_\_\_
9. Total number of riders? \_\_\_\_\_
10. Please select the types of events scheduled:  Motocross  Hill Climb  Scrambles  Freestyle  
 Other: \_\_\_\_\_
11. Is location temporary or permanent?  Temporary  Permanent
12. Attach exact schedule of events, meetings, gatherings, or participants, etc.
13. Description of event(s): \_\_\_\_\_  
 \_\_\_\_\_
14. If there is a website related to the event(s) (a promotional website, etc.), list the website address here. If not, indicate "not applicable." \_\_\_\_\_
15. Is event indoors or outdoors?  Indoors  Outdoors  
 If outside:
- a. Is area fenced or otherwise enclosed and controlled?  Yes  No
16. Is seating reserved or general admission?  Reserved  General Admission  Both
17. Are seats of temporary or permanent construction?  Temporary  Permanent  
 Are they owned or subcontracted?  Owned  Subcontracted
18. Describe construction and seating capacity: \_\_\_\_\_  
 \_\_\_\_\_
19. Are any Additional Named Insureds required?  Yes  No  
 If yes, who are they, what interest do they have, and what is their relationship to event, etc. \_\_\_\_\_  
 \_\_\_\_\_
20. Will there be any exhibitions, demonstrations, parades or other associated activities with the event(s)?  Yes  No  
 If yes, describe completely: (Attach list of each booth with descriptions of products or activities.)  
 \_\_\_\_\_

21. Are vendors required to provide proof of insurance?  Yes  No  
If yes, what limit is required? \_\_\_\_\_

**SPECTATORS**

22. Is there a minimum 30 feet between the course edge and crowd control barrier(s)?  Yes  No

23. Estimate total spectators at each event: \_\_\_\_\_

**PARTICIPANTS/RIDERS**

24. Are persons under 16 years old allowed to participate?  Yes  No  
If yes, what classes are they allowed to participate in? \_\_\_\_\_

What is the minimum age for participants in the above classes? \_\_\_\_\_

25. Describe completely classes, restrictions, and attach a copy of release form used to obtain guardian permission, etc. \_\_\_\_\_

26. Are all participants required to complete and sign a release?  Yes  No

27. Please describe rules of participation and how participants are informed, disclosure of risks inherent to the activity, warned in writing of hazards, are pre-event meetings held, describe other safety precautions taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEERS**

28. Expected number of volunteers? \_\_\_\_\_

29. Describe completely duties and expectations of all volunteers. \_\_\_\_\_  
\_\_\_\_\_

NOTE: All Volunteers must complete and sign an Agreement and Release of Liability Form assuming the risks inherent and associated with the risk. Please provide a copy of the agreement and release form to be used.

**SUBCONTRACTED PROVIDERS OR SERVICES**

30. The below categories are services or equipment which may be sub-contracted or performed by you or your organization. Check all boxes for services or equipment being performed by Sub-Contractors:

- Food Concession       Beverage Concession       Liquor(include beer, wine)
- Bleachers or Scaffolds       Stunt Performers       Security
- Construction Services       Fireworks       Equipment

31. Please provide specific descriptions of any other Sub-Contractors not listed above: \_\_\_\_\_  
\_\_\_\_\_

32. Please provide name, phone number and proof of insurance for all Sub-Contractors.

NOTE: It is critical to verify and obtain proof of insurance and limit of liability from all Sub-Contractors or you will be held liable and be without insurance.

33. Food and drink provided by? \_\_\_\_\_  
a. Name of liquor provider: \_\_\_\_\_  
b. Please note:  Beer  Wine  Hard Liquor

**KEY PERSONNEL**

34. Name of person(s) in charge of and responsible for safety:

- a. Address: \_\_\_\_\_
- b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- d. E-mail: \_\_\_\_\_

**EMERGENCY MEDICAL PLANS**

35. Describe completely the emergency medical evacuation plans, affected for this event. Attach additional sheets if necessary. \_\_\_\_\_

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

36. What types of medical aid and security are present at the event? (check all that apply)

- Police
- Private Security Staff
- EMS
- Private Medical Staff

**PARTICIPANT EQUIPMENT (PER EVENT) CHECK, TECH, ETC.**

37. Please describe how participant's equipment is inspected prior to participation in the event. \_\_\_\_\_

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

**VERY IMPORTANT**

1. Attach copies of all leases and/or hold harmless agreements in effect
2. Include diagrams showing specific location(s); noting exact distances; and identifying set up procedures for all facilities. The diagrams must include, and clearly identify spectator areas, transition areas, medical tent, and location of medical service vehicle, staging areas, concession stands, and distances between each location. A complete layout is required.

**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: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name