

# MOTORSPORTS

## Application for Insurance

1. COMPLETE REPOSSES ARE REQUIRED ON ALL QUESTIONS
2. APPLICATION MUST BE SIGNED
3. EFFECTIVE DATE REQUESTED: \_\_\_\_\_

### GENERAL INFORMATION

LEGAL NAME OF INSURED \*: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

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

Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC ☐ Other (\* Please Explain): \_\_\_\_\_

Owners: \_\_\_\_\_ Ownership %: \_\_\_\_\_

- LEGAL NAME OF INSURED AS IT WILL APPEAR ON POLICY: INCLUDE ALL OF YOUR INDIVIDUAL, CORPORATE AND/OR PARTNERSHIP NAMES FOR ALL TRACK OPERATIONS, INCLUDING TRACK REAL ESTATE OR LAND, TRACK CONCESSIONS AND TRACK RESCUE OPERATIONS.

Mailing Address: \_\_\_\_\_

TRACK ADDRESS: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Office: \_\_\_\_\_ Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_ ☐ Owner ☐ Promoter ☐ Agent ☐ Other: \_\_\_\_\_

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

(BY PROVIDING AN EMAIL ADDRESS, YOU ARE GIVING SAFEHOLD SPECIAL RISK PERMISSION TO CONTACT YOU BY EMAIL REGARDING YOUR POLICY. PLEASE REFER TO ELECTRONIC SIGNATURE DISCLOSURE AND CONSENT)

Accounting Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Inspection Contact Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

Nature of Business Operations:

Detail of Operations / Event Activities:

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

Number of Years' Experience: \_\_\_\_\_

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

Number of Event Dates \_\_\_\_\_

Average Car Count, Per Event \_\_\_\_\_

Average Attendance, Per Event \_\_\_\_\_

What is the expected Car Count at your largest event? \_\_\_\_\_

### ADDITIONAL INSURED

Name	Address	Business Relationship**
1.		
2.		
3.		

\*\* What relationship/ interest does the Additional Insured have to your racing operations

**COVERAGE INFORMATION:** Check the type of coverage and indicate the limits desired:**COMMERCIAL GENERAL LIABILITY**☐ \_\_\_\_\_**Optional Coverages/Endorsements:**☐ Liquor Liability☐ Hired & Non-Owned Automobile Liability**EXCESS LIABILITY****Please indicate limit desired:**☐ No Coverage☐ \$1,000,000    ☐ Other \$ \_\_\_\_\_**PARTICIPANT ACCIDENT**☐ **Minimum** (\$3,000 AD&D/Excess Medical) or

\$ \_\_\_\_\_ Accidental Death

\$ \_\_\_\_\_ Accidental Dismemberment

\$ \_\_\_\_\_ Excess Medical

\$ \_\_\_\_\_ Weekly Disability Income

(Participant Accident coverage is mandatory)

*Your coverage is always subject to policy terms, limits, conditions and exclusions. If there is any conflict between limits or coverages checked on this application and our proposal, the proposal governs. If there is any conflict between our proposal and the policy, the policy terms, limits, conditions and exclusions govern. Note: The Excess policy may not be excess of all coverages under your Commercial General Liability policy.*

**UNDERWRITING INFORMATION:****PLEASE CHECK ALL OF THE TRACKS THAT YOU WILL OPERATE UNDER THE SAME LEGAL NAME SHOWN ABOVE:**☐ Drag Track☐ Motocross☐ Demo Derby☐ Oval Track☐ Road Course☐ Event Promotion at other tracks☐ Other: (Please Explain) \_\_\_\_\_

**SPECIAL EVENTS/ANCILLARY ACTIVITIES:** Do you plan on having any of the following special events, either on or off of your premises? (Check all that apply) Note: Supplemental Application may be required.

☐ Concerts☐ Stunt Performances☐ Thrill Shows or Stunt Show Events &/or Performances☐ Car Shows☐ Drifting☐ Monster Trucks☐ Swap Meets☐ Driving Schools☐ Truck/Tractor/Sled Pulls☐ Fireworks, if checked:    ☐ Conducted before or after as part of event;    ☐ Conducted during or in addition to event

Provide a Certificate of Insurance from license Pyrotechnics

**NOTE:** The policies for which you are applying may not provide coverage for the exposures and activities listed above. For coverage consideration, additional information will be required. Please contact Safehold Special Risk.

**Please describe special events in detail:**

1. Are alcoholic beverages sold by your employees?

☐ Yes    ☐ No

2. Are alcoholic beverages sold by a subcontractor?

☐ Yes    ☐ No

3. If not subcontracted, are they sold by another company owned by you?

☐ Yes    ☐ No

4. Please indicate legal name of that Company

**If "yes" to 1 or 3, please consider purchasing Liquor Liability coverage.**

**EMERGENCY SERVICES:**

1. Do you maintain and staff an emergency treatment center on the premises? ☐ Yes ☐ No
2. **Is there a Contracted or Owned State Certified ambulance and (2) two EMT/paramedics on site during events?** ☐ Yes ☐ No  
If no, explain in detail: \_\_\_\_\_
3. Do you have a dedicated fire/rescue vehicle on-site? ☐ Yes ☐ No Pls describe: \_\_\_\_\_
4. Distance to nearest Hospital: \_\_\_\_\_ Fire Station: \_\_\_\_\_
5. Number of fire extinguisher stations: \_\_\_\_\_ Where located? \_\_\_\_\_
6. Number, type and size of fire extinguishers on-site during events: \_\_\_\_\_
7. How frequently are fire extinguishers inspected? \_\_\_\_\_ By whom are extinguishers inspected? \_\_\_\_\_
8. (Concessions) How frequently is cleaning of hoods conducted? \_\_\_\_\_ ☐ N/A
9. (Concessions) Fire Protection for deep fryers? \_\_\_\_\_ ☐ N/A
10. Is there a written disaster and evacuation plan? ☐ Yes ☐ No
11. Are all areas on premises available to spectators and/or participants inspected periodically for slip, trip or fall obstacles? ☐ Yes ☐ No
12. If yes, how frequently: \_\_\_\_\_
13. Is facility in compliance with all known township, city, county, state &/or federal building, seating, concession and sanitation codes? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_

**TRACK / RISK MANAGEMENT:**

Waivered minors under the age of 14 permitted in restricted areas? (other than Junior Dragsters) ☐ Yes ☐ No

Are persons who have not signed the Waiver & Release form permitted in restricted areas, including the advanced staging area? ☐ Yes ☐ No

Do you have system (wristbands/ID cards) to identify those persons authorized to be in restricted areas? ☐ Yes ☐ No

Are signs posted in high traffic areas or announcements made indicating customer assumption of risk? ☐ Yes ☐ No

Please list and describe any warning signs that are posted at your facility (such as: "Watch Your Children" or "No Alcohol Allowed")

Do you have and/or operate owned drones? ☐ Yes ☐ No

Do you have a written guideline in place that prohibits the use of drones by any person in attendance at your events unless contracted by you? ☐ Yes ☐ No

Do you hire/use third party drone operators at any of your events? ☐ Yes ☐ No

*If yes, prior approval is required, and additional underwriting information will be needed to consider for coverage.*

**Please Indicate Who Performs The Following Services At Your Facility:**

EMT/Paramedic Services	<input type="checkbox"/> Track Employee(s)	<input type="checkbox"/> Service Subcontracted	<input type="checkbox"/> Other	_____
Security Services	<input type="checkbox"/> Track Employee(s)	<input type="checkbox"/> *Service Subcontracted	<input type="checkbox"/> *Other	_____
Fire & Rescue Services	<input type="checkbox"/> Track Employee(s)	<input type="checkbox"/> Service Subcontracted	<input type="checkbox"/> Other	_____
Concessions	<input type="checkbox"/> Track Employee(s)	<input type="checkbox"/> Service Subcontracted	<input type="checkbox"/> Other	_____

**\*If services are subcontracted, you should request a certificate of insurance and require you/track to be named as an additional insured.**

**\*SECURITY:**

Professional Services	<input type="checkbox"/> Armed	<input type="checkbox"/> Not Armed	<input type="checkbox"/> Formal Agreement in place		
Uniformed Officers	<input type="checkbox"/> Armed	<input type="checkbox"/> Not Armed	<input type="checkbox"/> Formal Agreement in place	<input type="checkbox"/> Off Duty	<input type="checkbox"/> On Duty

**FACILITY & RACING INSURANCE:**

Is the track currently sanctioned? ☐ Yes ☐ No Sanctioning Body: \_\_\_\_\_

1. **SPECTATOR CAMPING: Do you provide overnight camping for SPECTATORS?** ☐ Yes ☐ No

If yes, please answer the following questions:

How often is spectator camping allowed: \_\_\_\_\_

Maximum number of spectator campers: \_\_\_\_\_

Do you allow bonfires? \_\_\_\_\_

Describe security for camp ground: \_\_\_\_\_

Please describe how the use of alcohol controlled: \_\_\_\_\_

*Coverage is provided for incidental overnight camping by participants and their crew.*

2. **PLAYGROUND: Do you have a playground?** ☐ Yes ☐ No

If yes, please answer the following additional questions regarding your playground:

Warning signs posted at playground? ☐ Yes ☐ No \_\_\_\_\_

Is the playground area fenced? ☐ Yes ☐ No \_\_\_\_\_

Soft ground cover present on playground? ☐ Yes ☐ No \_\_\_\_\_

Does playground have amusement rides? ☐ Yes ☐ No \_\_\_\_\_

Describe condition of playground equipment: \_\_\_\_\_

3. **GRANDSTANDS/BLEACHERS: Do you use Temporary, Rented or Leased Grandstands?** ☐ Yes ☐ No

If yes, please describe circumstances: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS**

Please provide the following along with the completed and signed application:

- Rules and regulations for all Event classes and Practices, if they are not listed on your website.
- Schedule of events and activities
- Completed and signed supplemental applications, if applicable.
- Event Location Diagram and if possible, photos. Provide diagram of the property and the track identifying: Spectator viewing areas, spectator parking areas, restricted areas, pit areas, barriers, fencing, concessions, restrooms, fire extinguishers, ambulance placement and the distances between the track and nearest crowd control/debris fencing

**PRIOR CARRIER AND CLAIMS INFORMATION (NEW BUSINESS ACCOUNTS ONLY):**

Has any of your insurance ever been: Cancelled? ☐ Yes ☐ No Declined? ☐ Yes ☐ No Non-renewed? ☐ Yes ☐ No

If yes to any of the above, please explain:

**PRIOR CARRIER INFORMATION:**

<u>YEAR</u>	<u>PREVIOUS AGENT</u>	<u>INSURANCE COMPANY</u>	<u>LIMITS</u>	<u>PREMIUM</u>
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**CLAIMS INFORMATION (CHECK ONE):**

☐ No Losses ☐ Loss Runs Attached ☐ Loss Summary Attached

Describe in detail any incidents where spectators have been injured falling off or through grandstands or have been injured by race vehicles or debris propelled from the track during the last 5 years:

If any incidents are noted above, please describe any corrective measures taken to prevent future incidents:

Are you currently operating, or have you operated during the past five years, under any chapter of the United States Bankruptcy Code.

☐ Yes ☐ No

By signing this application, I am attesting to the accuracy of the information provided by me and I agree that all information that I have provided is material to the insurance company's decision to offer me coverage. If any information provided by me in this application is found to be false or misleading, it is agreed that coverage may be voided. I also agree to authorize IGP Specialty, in accordance with state insurance regulations, to obtain, on my behalf, detailed five-year loss runs, separately reflecting paid and reserved Participant Medical, AD&D and Liability claims, valued within 60 days of the date of this application.

Signing this application does not bind the applicant or the Company to complete the insurance.

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Your coverage is always subject to policy terms, limits, conditions and exclusions. If there is any conflict between limits or coverages checked on this renewal request form and our proposal, the proposal governs. If there is any conflict between our proposal and the policy, the policy terms, limits, conditions and exclusions govern. Note: The Excess policy, if applicable, may not be excess of all coverages under your Commercial General Liability policy.

**THIS APPLICATION FOR INSURANCE IS NOT COMPLETE WITHOUT THE REVIEW, COMPLETION, DATE AND SIGNATURE OF THE FOLLOWING DOCUMENTS:**

- 1. CONSENT FOR ELECTRONIC DISCLOSURE, GENERAL FRAUD STATEMENT & COMPENSATION**
- 2. SUPPLEMENTAL APPLICATION(S), IF ANY, BASED ON TYPE OF RACING FACILITY OR EVENT.**

## GENERAL FRAUD STATEMENTS

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines, and denial of insurance benefits.

\*Applies in ME Only. Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **Applicable in FL and OK:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*.

\*Applies in FL Only

### **Applicable in KS:**

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or present more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE OF APPLICANT

DATE