



MOTORSPORTS FACILITY/ EVENT APPLICATION

GENERAL INFORMATION

Name of Insured (as it will appear on policy): _____

Doing Business as: _____

of Years in Business: _____ # Of Years Experience* _____ *If less than 3 years, please provide a summary of your experience in the industry

Mailing Address: _____
Physical Address: _____

Contact Person: _____ E-Mail Address: _____
Alternate Contact: _____ E-Mail Address: _____

Phone No.: () _____ Fax No.: () _____

Website Address: _____

1 Nature of operations/description of event: _____

2 Insured is: Corporation Partnership Not-for-Profit Club or Assn. LLC

3 Policy Period Requested: From: _____ To: _____

4 What limit of liability do you require? \$ _____

5 Estimated number of events and activities: _____ (attach schedule)

6 Do your events have alcohol sales? Yes No If no, skip to Question 7

a. If yes, are the license and/or sales controlled by you? (If yes, please request the liquor application) Yes No

7 Do you allow spectators to bring alcohol on premises? Yes No If no, skip to Question 8

a. If you allow spectators to bring their own alcohol, please explain the controls: _____

8 Do your events have Concession/Food sales? Yes No If no, skip to Question 9

a. If yes, are the license and/or sales controlled by you? Yes No

b. How frequently is the cleaning of the range hood(s) conducted? _____ N/A

c. Is there fire protection for any deep fryers on site? _____ N/A

9 Do you have a written disaster and evacuation plan? Yes No

10 Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?

Yes No If yes please explain: _____

11 Do you operate any other motorsports tracks under the same legal name shown above? Yes No What type? _____

12 As respects to your operation(s), what types of contracts do you enter into? _____

a. Does the named insured assume liability for the other party? (if yes, provide copies of all contracts of this type) Yes No

b. Does the other party assume the Named Insured's liability? (Provide certificates of insurance evidencing this.) Yes No

c. Does each party assume its own liability? Yes No

- 13 Do you rent out the facility to others? (If no, skip to question 14) Yes No
- a Is the facility listed as an additional insured under the tenant user's policy? Yes No
- b Is there a system in place for obtaining certificates of insurance when applicable? Yes No
- c Who reviews the certificates on behalf of the named insured? _____
- d What is the minimum limit of general liability coverage requested from each tenant user? _____
- 14 What type and how many security personnel are provided? _____ Police Employees Volunteers
Independent Security Company _____ (provide certificate of insurance)
- 15 Do you provide overnight camping? (If yes, please request the camping application) Yes No
- 16 Do you use temporary grandstands Yes No
- a If yes, please provide the details including construction _____
- 17 Do you provide playground equipment? Yes No Are warning signs posted? Yes No
a Is the playground area fenced? Yes No Does playground have amusement rides? Yes No
- 18 Do you have a well-lit parking lot? Yes No
- 19 Do you have security that patrols the parking lot? Yes No
- 20 Are signs posted in high traffic areas or announcements made indicating patrons assumption of risk? Yes No

PRIOR INSURANCE INFORMATION

PLEASE DO NOT SKIP THIS SECTION!

- 1 Provide details of your present/expiring insurance:
Name of insurance company: _____
Policy Expiry date: _____
Policy Limits: _____ Premium: _____
- 2 Has this type of insurance ever been: Cancelled Declined Non-Renewed
If any of the above are yes, please explain: _____

CLAIMS INFORMATION

PLEASE DO NOT SKIP THIS SECTION!

- 1 List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):
No Losses Loss Runs attached Other _____
- 2 Describe in detail any incidents where spectators have been injured from grandstands, race vehicle(s), debris from the track in the last 5 years:

X Signature: _____ Title: _____ Date: _____

By signing this page, I am attesting to the accuracy of the information provided by and I agree that all information that I have provided is material to the insurance company's decision to offer coverage. If any information provided by me in this application is found to be false or misleading, it is agreed that the policy may be cancelled and that coverage may be voided

ADDITIONAL REQUIREMENTS

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

- Rules and regulations for all classes if they are not listed on your website. (If you are using a sanction body rules and regulations, please advise so we can obtain from the sanctioning body).
- Schedule of events and activities
- Completed and signed liquor application (if applicable)
- Event Location Diagram and if possible, photos. On a separate sheet of paper, draw a 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.

ADDITIONAL INSURED

ADDITIONAL INSURED

BUSINESS RELATIONSHIP

_____	_____
_____	_____
_____	_____

ANCILLARY EVENTS

NOT APPLICABLE (skip to the next page)

Are you planning any of the following ancillary events or intermission shows?

Yes No

- | | | |
|--|---|---|
| Concerts <input type="checkbox"/> | Monster Trucks <input type="checkbox"/> | Stunt Performances <input type="checkbox"/> |
| Drifting Events <input type="checkbox"/> | Thrill Shows <input type="checkbox"/> | Swap Meets <input type="checkbox"/> |
| Mud Bog <input type="checkbox"/> | Truck/Tractor/Sled Pulls <input type="checkbox"/> | Other <input type="checkbox"/> |

- | |
|--|
| Car Shows <input type="checkbox"/> |
| Driving Schools <input type="checkbox"/> |

Note: The policies for which you are applying **may not** provide coverage for the exposures and activities listed above without written confirmation from Jones Birdsong Insurance Services, LLP. Additional application and premium may be required. If you require coverage for the exposures and activities listed above, please contact Jones Birdsong Insurance Services, LLP.

OVAL TRACK RACING EVENTS

NOT APPLICABLE (skip this page)

- 1 Track Length: _____ Width _____ Age _____ Dirt Paved Other
- 2 Events Scheduled: Open/Closed Wheel Demo Derby Enduro Motorcycle/ATV Other _____
- 3 Average Car Count? _____ Expected car count at largest event? _____
- 4 Is rollover protection required on all vehicles? Yes No
- 5 Does barrier/guardrail protect all spectator areas? Yes No
- 6 Does barrier/guardrail protect all pit/paddock areas? Yes No
- 7 Does barrier/guardrail protect all worker stations? Yes No
- 8 Is pit road completely fenced? Yes No
- 9 Is the property completely fenced and/or secured from trespassers? Yes No
- 10 Type of barrier/guardrail? Concrete Steel (ARMCO) Other (please describe) _____
- 11 Height of barrier? _____ Width/thickness of barrier? _____
- 12 Debris Fence Post Material _____ Distance posts are apart? _____ Type of fence wire? _____ Fence Height? _____
- 13 How many strands of cable? _____ Diameter _____
- 14 Are cables secured to each fence pole? Yes No
- 15 Does wheel fence sit on top of barrier/guardrail? Yes No
- 16 Are cables on the TRACK side of the fence? Yes No
- 17 Are spectators and participants contained behind positive barrier by use of a crowd control fence? Yes No
- 18 Distance spectators are back from debris fence _____ Height of debris fence _____
- 19 Are approved helmets required? Yes No Maximum age of helmets that you allow? _____
- 20 Are approved restraint belts required? Yes No Maximum age of restraint belts that you allow? _____
- 21 Grandstand and/or bleacher FRAME construction material Wood Metal Concrete
- 22 Grandstand and/or bleacher SEAT construction material Wood Metal Concrete
- 23 Grandstand and/or bleacher Age? _____ Temporary? _____ Seating Capacity: _____
- 24 How often are the grandstands inspected for slip/trip/fall and collapse? Per event Other (please describe) _____
- 25 Number of licensed emergency medical attendants (**two is minimum and required every time the track is open**)? _____
- 26 How many qualified fire and rescue personnel (two is minimum)? _____ Track owned? Fire Department
- 27 Is **all** track activity supervised? (test & tunes, practice, etc.) Yes No
- 28 Are drivers under age of 16 permitted? Yes No Minimum age allowed? _____ What class(es)? _____
- 29 Do you have a procedure to ensure that all minor participants have a signed the Jones Birdsong Insurance Services, LLP parental consent waiver and release? Yes No
- 30 Is a Jones Birdsong Insurance Services, LLP approved waiver & release form read, completed and signed by **all** participants before entering the restricted area and participating in the covered program? Yes No
- 31 Are other releases used in addition to the Jones Birdsong Insurance Services waiver? If YES, please send a copy Yes No
- 32 Are your races sanctioned? Yes No Name? _____

DRAG RACING EVENTS

NOT APPLICABLE (skip this page)

- 1 Strip Length: _____ (From starting line to finish line) Shut down area _____ (Finish line to end of track)
- 2 Surface: Paved Dirt Sand Mud Grass Other: _____
- 3 Type of barrier/guardrail? Concrete Single strand(ARMCO) Double strand(ARMCO)
- 4 Height of barrier? _____ Distance from barrier to edge of track racing surface Left: _____ Right: _____
- 5 Is the **entire length of the return road** protected by double strand Armco or concrete barriers? Yes No
- 6 Does barrier/guardrail protect all spectator areas? Yes No
- 7 Type of Crowd Control Fence Post Material? _____ Type of fence wire? _____
- 8 Are spectators and/or general admissions permitted in the advanced staging area? Yes No
- 9 Are spectators and/or general admissions permitted to park or view in an area not protected by the guardrail? Yes No
- 10 Does the property have and use grandstands? Yes No Construction Material? _____
- 11 Grandstand Capacity? _____ Age? _____ Condition? _____ Handrail? _____ Back-rail _____
- 12 How often are the grandstands inspected for slip/trip/fall and collapse? Per event Other (please describe) _____
- 13 Are there back AND side rails on all grandstands? Yes No
- 14 Average Car Count? _____ Expected car count at largest event? _____ Average Car count for Test & Tunes _____
- 15 Do you rent the track out to any group(s)? Yes No Who? _____
- 16 Do you have a procedure to ensure that all minor participants have a signed Jones Birdsong Insurance Services, LLP parental consent waiver and release? Yes No
- 17 Is a Jones Birdsong Insurance Services, LLP approved waiver & release form read, completed and signed by **all** participants before entering the restricted area and participating in the covered program? Yes No
- 18 Are other releases used in addition to the Jones Birdsong Insurance Services waiver? If YES, please send a copy Yes No
- 19 Are your races sanctioned? Yes No Name? _____

MOTORCYCLE EVENTS NOT APPLICABLE (skip this page)

1 Events Scheduled: Motorcross Flat track Scrambles Road course Hare & Hound
UTV Freestyle ATV Other (describe) _____

2 Sanctioned? Yes No Name? _____

3 What is the average rider count for your events? _____ Highest Rider count anticipated _____

4 Type of surface: _____

5 Age of Track _____ Re-surfaced (year) _____

6 Length of Track _____ Width of Track _____

7 Is the property completely fenced and/or secured from trespassers? Yes No

8 Is the pit area outside of the racing surface? Yes No

9 Are there fuel pumps in the pit area? Yes No

10 Is there a minimum distance of 30 feet between the course edge and the crowd control fencing/barrier protection at all jump areas at all times? Yes No

11 Is there a minimum distance of 20 feet between the course edge and the crowd control fencing/barrier protection at all other areas at all times? Yes No

12 Distance from spectator area to racing surface _____

13 Are spectators and participants contained behind a barrier by use of a crowd control fence at all viewing areas? **(Rope and/or flags are not deemed as barriers)** Yes No

14 Does the property have and use grandstands? Yes No Construction Material? _____

15 Grandstand Capacity? _____ Age? _____ Condition? _____ Handrail? _____ Back-rail _____

16 How often are the grandstands inspected for slip/trip/fall and collapse? Per event Other (please describe) _____

17 Are Spectators allowed: In the infield In the pit area None:

18 Are there grandstands in the pit area? Yes No If so, are they protected by a guardrail? _____

19 Type of Medical Aid? Private Ambulance Public Ambulance Other (please describe) _____

20 Number of licensed EMT's/paramedics on site during events (**two is minimum and required every time the track is open**) _____

21 Distance to nearest hospital _____ Distance to nearest fire station? _____

22 Number of, size and type of fire extinguishers on site when the track is open _____

23 How often are the fire extinguishers inspected? _____ Who Inspects them? _____

24 Are all areas of the premises accessed by spectators/participants inspected for trip and fall or slipping hazards? Including parking lot(s) Yes No How often? _____

25 Is the facility in compliance with all known township, city, county, state and/or federal building, seating concession and sanitation codes? Yes No

26 Is all track activity supervised with QUALIFIED officials? (races, practices, club rides, etc.) Yes No

27 Do you have **qualified** flaggers/officials supervising ALL track activity (practices, test & tunes, races, club rides)? Yes No

28 Are approved helmets required? Yes No Maximum age of helmets that you allow? _____

29 Are riders under the age of 16 permitted? Yes No If yes, what class? _____

30 Do you have a procedure to ensure that all minor participants have a signed Jones Birdsong Insurance Services, LLP parental consent waiver and release? Yes No

31 Is a Jones Birdsong Insurance Services, LLP approved waiver & release form read, completed and signed by all participants before entering the restricted area and participating in the covered program? Yes No

32 Are other releases used in addition to the Jones Birdsong Insurance Services waiver? If YES, **please send a copy** Yes No

STATE MANDATORY FRAUD NOTIFICATION

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 which 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

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

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED IN WRITING.

By signing above, I authorize Jones Birdsong Insurance Services, LLP, in accordance with state regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Date

Signature of Insured or Authorized Representative

Title

Send completed form to:

K2 Insurance Marketing Inc
csr@k2insgroup.com
951.398.5170 FAX
40960 California Oaks Rd #132
Murrieta Ca 92562

800.741.4911

AGENCY CUSTOMER ID: 10124

INSURANCE SUPPLEMENT

AGENCY	K2 Insurance Marketing Inc	APPLICANT/NAMED INSURED		
POLICY NUMBER		CARRIER	Aix Specialty Insurance Company	NAIC CODE 12833

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term 'act of terrorism' means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase terrorism coverage for a prospective premium of \$1% of the annual premium
- I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____ Date

_____ Signature of Insured or Authorized Representative

_____ Title