

## 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  Monster Trucks  Stunt Performances

Car Shows

Drifting Events  Thrill Shows  Swap Meets

Driving Schools

Mud Bog  Truck/Tractor/Sled Pulls  Other

**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](mailto: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        |  | APPLICANT/NAMED INSURED |  |
| POLICY NUMBER |  | CARRIER                 | Aix Specialty Insurance Company<br>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

**Complete, Save & email to  
csr@k2brokers.com  
OR  
Fax to 951 398 5170**