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 K&K Insurance Brokers, Inc. Canada

# MOTORSPORTS TEMPORARY EVENT ENROLLMENT APPLICATION

**FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.  
 PLEASE COMPLETE THE EVENT LOCATION DIAGRAM SHEET FOR EACH LOCATION.**

Submit this completed insurance enrollment form (2) weeks prior to event.

## INSURED

Named Insured as it is to appear on policy: \_\_\_\_\_

Is the Insured,  Corporation  Partnership  Joint Venture  Individual  Other

**CLUB ASSOCIATION OR PROMOTER:** \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Additional Insureds: (as they will appear on the policy)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP\* \_\_\_\_\_

If additional space is required, please use the back of this form or attach a separate sheet.

\* If the additional insured is an owner, manager or lessor of the premises, please indicate the part of the premises leased or rented to you by the designated additional insured with respect to your activity or operation.

**EVENT DATE(S):** \_\_\_\_\_ **Event is to be held:**  Indoors  Outdoors

**FACILITY NAME:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.

## BROKER

Name of Agent/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## GENERAL INFORMATION

**TYPE OF EVENT:** \_\_\_\_\_ **VEHICLE CLASS:** \_\_\_\_\_

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch... ): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide minimum ages of participant in each vehicle class.

Limits of Coverage Requested: \_\_\_\_\_

Do you intend to provide coverage for participants?  Yes  No

Send certificate to:

Name: \_\_\_\_\_

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

Special Instructions: \_\_\_\_\_

**BARRIER:**

Are there Guard Rails protecting all spectator and participant areas?  Yes  No

Type of Material Used: \_\_\_\_\_

Height of Guard Rail: \_\_\_\_\_ " If other than concrete, what are the support posts? \_\_\_\_\_

Distance apart? \_\_\_\_\_

**FENCE:**

Is there a Crowd Control Fence?  Yes  No Type of Material: \_\_\_\_\_ Height: \_\_\_\_\_

Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall?  Yes  No

If at a fairground, are all Spectators restricted to the Grandstand?  Yes  No

**GRANDSTANDS:**

Yes  No Age: \_\_\_\_\_ Construction: \_\_\_\_\_

Distance between course and grandstand: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Distance between grandstand and crowd control fence: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Time Period of Show: \_\_\_\_\_ hours.

Any rows blocked off during event?  Yes  No If yes, show on diagram.

Ambulance present?  Yes  No Fire Extinguishers?  Yes  No Type: \_\_\_\_\_

Number of EMT's: \_\_\_\_\_

Are you using K&K Insurance Release Form Procedures?

Number and type of security personnel: Uniformed Officers \_\_\_\_\_ Contracted \_\_\_\_\_ Employees \_\_\_\_\_

**FOR MONSTER TRUCKS:**

Do all trucks have remote ignition kill systems?  Yes  No

If Yes, are all systems tested prior to each event?  Yes  No

Ride truck present?  Yes  No

If yes, please provide details regarding trucks and program: \_\_\_\_\_

\_\_\_\_\_

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.) \_\_\_\_\_

Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook?  Yes  No

**FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:**

What is the maximum speed allowed? \_\_\_\_\_

Maximum number of cars on course at one time? \_\_\_\_\_

**FOR DRIVING SCHOOLS:**

Number of Instructors: \_\_\_\_\_ Number of Students: \_\_\_\_\_

List Experience of all Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage breakdown of school instruction: Classroom time \_\_\_\_\_ %, On track time \_\_\_\_\_ %

Passing allowed?  Yes  No

If yes, under what circumstances? \_\_\_\_\_

Who maintains school vehicles? \_\_\_\_\_




Does the Insured have any withdrawn or discontinued products?  Yes  No  
 If yes, state details. \_\_\_\_\_

What is the end use of these products? \_\_\_\_\_

Does the Insured sell any products, or carry out any operations in the United States?  Yes  No  
 If yes, give full details: \_\_\_\_\_

Does the Insured sell any products, or carry out any operations outside of Canada or the United States ?  
 Yes  No If yes, give full details: \_\_\_\_\_

Locations of all premises owned, rented, or controlled by Applicant	Area in Sq. Ft.	Interest of Applicant in such Premises (owner, landlord, tenant, etc.)

**Contractual Liability**

(a) Does the Insured sign any contracts where they assume the Liability of others or waive subrogation rights?  Yes  No

If yes, please provide details: \_\_\_\_\_

(b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract ?  Yes  No

If no, please advise procedures followed and details of contracts used: \_\_\_\_\_

If yes, does the contract contain “hold harmless”, “waiver of subrogation” and “agreement to defend and indemnify” provisions in favour of the Insured?: \_\_\_\_\_

(c) If the Insured subcontracts out work to independent contractors, or rents or leases premises to others, including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?

Yes  No

If the contracting party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

\_\_\_\_\_

(d) If the Insured's business involves sports and/or, entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_

If yes, in part or whole, please attach a copy of the waiver.

**Workmen's Compensation**

Are all employees and contractors including students and volunteers covered by Workmen's Compensation?

Yes  No If no, please explain \_\_\_\_\_  
\_\_\_\_\_

**Liquor Liability**

Do Applicant's operations include the serving of alcoholic beverages?  Yes  No

If yes, describe in full \_\_\_\_\_

Is liquor server awareness training required for all servers ?  Yes  No

Are concessionaires serving alcohol on the Insured's premises?  Yes  No

**Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?  Yes  No

If yes, give details \_\_\_\_\_

**Non-Owned Automobile**

(a) Do any partners, officers, employees or volunteers operate their own vehicles, during the course of business, on behalf of the Insured?  Yes  No

If yes, please provide details \_\_\_\_\_

(b) Does the Insured rent or lease vehicles from others?  Yes  No

If yes, (i) how often per year? \_\_\_\_\_ (per year)

(ii) are any of these vehicles driven in the United States?  Yes  No

(c) Does the Insured contract services from others?  Yes  No

If yes, please describe \_\_\_\_\_

(d) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?  Yes  No

If yes, please describe \_\_\_\_\_

Give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expire Date	Date

**Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports.**

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

Please provide deductible or self insured retention amounts for each year noted in the above question. Do these paid, expensed or outstanding amounts in the Insurer Loss Reports reflect any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

**Please attach a copy of the Insureds most recent audited financial statement.**

Does the Insured have a formal employee/volunteer safety-training program?  Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

Does the Insured have a formal equipment or premises maintenance procedure?  Yes  No  
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel

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

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent/Broker: \_\_\_\_\_



DRIVING SCHOOL and/or DRIVER EDUCATION SURVEY

Please return with a copy of your rulebook and curriculum.

1. Number of Instructors: \_\_\_\_\_ .      Number of Students: \_\_\_\_\_ .
2. Education/experience of instructors: \_\_\_\_\_  
\_\_\_\_\_
3. Ages of Students: \_\_\_\_\_
4. Type of Vehicles used: \_\_\_\_\_
5. Nnumber of vehicles on track at one time: \_\_\_\_\_
6. Vehicle maintenance done by: \_\_\_\_\_
7. Tracks where school will be held: \_\_\_\_\_  
\_\_\_\_\_
8. Amount of time devoted to:  
  
CLASSROOM: \_\_\_\_\_      DRIVING: \_\_\_\_\_

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE