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 K&K Insurance Brokers, Inc. Canada

## Motorsports Specialty Racing Application

1. Policy period required from \_\_\_\_\_ to \_\_\_\_\_  
 (Year) (Year)

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

3. Is the Insured,  Corporation  Partnership  Joint Venture  Individual  Other

4.a Mailing Address: \_\_\_\_\_  
 (Number) (Street) (City) (Prov.) (Postal Code)

4.b Legal Address: \_\_\_\_\_  
 (Number) (Street) (City) (Prov.) (Postal Code)

5. Doing Business As: \_\_\_\_\_

6. Name, Address & Description of Operations of all Subsidiary Companies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Applicant is  Facility Owner  Promoter  Agent  Other

**Limits of Liability required:  
 Commercial General Liability**

Each Occurrence Limit	\$ _____
Participant Legal Liability	\$ _____
Products – Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____

**8. (i) Participant Accident Limits**

- \$5,000 Accidental Death & Dismemberment/Medical Expense
- \$10,000 Accidental Death & Dismemberment/Medical Expense
- \$15,000 Accidental Death & Dismemberment/Medical Expense
- \$20,000 Accidental Death & Dismemberment/Medical Expense
- \$25,000 Accidental Death & Dismemberment/Medical Expense
- \$50,000 Accidental Death & Dismemberment/Medical Expense

Deductible  \$50  \$250  
 \$100  \$500



11.

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

**12. 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.

**13. Workmen's Compensation**

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

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

**14. 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

**15. Aircraft & Watercraft**

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

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

**16. 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 \_\_\_\_\_

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

Type of Policy	Policy Number	Company	Expire Date	Date

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

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

19. Please provide deductible or self insured retention amounts for each year noted in 18. above. 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

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

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

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

22. 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

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I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazard known to exist at the date of this application.

I/We declare that statements made herein are in every respect true and correct and hereby apply for contract insurance to be based upon the truth of said statements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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