

Motorsports Go Kart Application

PLEASE NOTE: PHOTOS OF THE GO KART TRACK AREA MUST ACCOMPANY THE APPLICATION.

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to _____
(effective date)	(expiry date)

2.2 Mailing information

Name as it is to appear on policy: _____
Mailing Address: _____ _____

2.3 Applicant is:

- Corporation Partnership Joint Venture
 Individual Other (specify) _____

2.4 Type of Surface:

Asphalt
 Concrete
 Other (specify) _____

2.5

What is the maximum number of months per year the track is opened to the general public?		_____	
Is the track flat, with no grades or banking on corners?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain:			

If there is an inclination, is it between 18 and 30 feet?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If no, how long?			

What is the total length of the track?			

How long is the Straightway?			

Is there any racing that takes place at the track?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, what series use the track for races?			

Are there ditches or runoffs along the side track?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

2.6

Is there a double row (max. triple row anywhere) of piled motor car tires (not commercial or agricultural vehicle tires) placed in an unbroken horizontal line on the ground and bound together along the inner and outer edge of the track with gaps only to allow karts to enter and leave the track?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please describe any other barriers on track:				

Are there white continuous lines painted along the inner and outer sides of the track with a broken line in the centre?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the complete track area enclosed in a safety fence of wire link fencing at least 4 feet in height and with no gap between the bottom of the fence and the ground?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a clear space of at least 15 feet with no type of obstruction maintained between the double row of tires (or other barrier) and the safety fence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.7

Are there at least two approved dry chemical (ABC) type fire extinguishers kept and maintained, with one adjacent to the refueling area and one positioned to be readily available for use on the track?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are commercial first aid kits kept and maintained with sufficient quantities of bandages etc. for use in times of emergency?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.8

Are suitable notices prominently displayed warning against bumping, cutting, touching the motor, leaving the kart and standing/walking on the track?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a notice placed at the entrance of the track clearly describing the position and function of the pedals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a notice restricting the operation of the karts to patrons with motor vehicle or go-kart experience, subject to management's right to disentitle the patron for breach of track rules or safety concerns?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the size of the letters of all notices readable at least 30 ft. away?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the fuel stored adjacent to the track positioned so that a kart out of control could not strike it or a spectator's discarded cigarette could not land near the refueling area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain:				
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<hr/>				

2.9

Do employees wear clearly identifiable clothing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are employees trained with Red Cross and/or CPR life-saving techniques?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the minimum number of attendants?	_____			
What is the maximum number of attendants?	_____			
Are attendants positioned to observe and reach any section of the track to render assistance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please outline the safety procedure education program for employees:				

2.10

Do you allow double riding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have side-by-side double seater karts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many?	_____			
Are employees providing all long-haired participants with elastic bands and safety hair nets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are employees rigidly enforcing the use of these to tie back their hair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are verbal inquiries made of every patron with respect to their motor vehicle driving experience and/or go-kart driving experience?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are patrons without motor vehicle driving or go-kart driving experience required to notify the go-kart operator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, does the operator monitor the inexperienced patron while he/she drives on the track?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.11

Are all karts made by a recognized manufacturer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name: _____				
Model: _____				
Year Made: _____				
Number of karts owned: _____				
Maximum number of karts used at one time: _____				
Please indicated how the carts are powered:				
	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>
Are all chains and sprockets guarded?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all the steering wheels padded?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all karts equipped with governors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all karts equipped with seatbelts (2 for double-seaters)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is each kart equipped with bumpers all around the vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is each kart equipped with an ignition cut-off switch?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does each kart have a belt guard cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do tank caps for each kart fit securely?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the exhaust carry away from the driver for each kart?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is each vehicle operated by a remote shut-off system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.12

Are brakes fitted to all karts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are brakes and steering system maintained in good condition at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

How often for each?	
Is the speed limit governed to a maximum of 42 km/hour (or 26 miles/hour)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are Maintenance checks done on the karts process?	
Please explain:	
Daily:	
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Weekly:	
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2.13

Are all participants required to wear C.S.A. approved safety helmets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Applicant own the land?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide name and address of lessor:	
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Is the track used only for rental concession by the Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:	
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Are there any written rules and regulations regarding riders, employees as well as any Hold Harmless agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide a copy of each.	

2.14

Before the start of all driving sessions, are karts lined up:			
In front of one another	<input type="checkbox"/>	Abreast	<input type="checkbox"/>
Are spectators kept outside the safety fence?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are participants and employees the only people permitted inside the track area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain:			
<hr/>			
Are participants permitted past safety fence only when previous session has finished and karts are stationary?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please explain:			
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Are sessions permitted to start only when participants in previous session have gone past safety fence?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
In the event of an accident on the track, are all other karts to be stopped immediately?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are individual drivers a minimum of 10 years of age and 1.4m (55 inches) in height?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Section 3: Liability

3.1 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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
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b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often per year? :				
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Are any of the vehicles driven in the United States	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.2 Liquor Liability

a) Do Applicant's operations include the serving of alcoholic beverages?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, describe in full:				
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b) Is liquor server awareness training required for all servers ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.3 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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<hr/>				
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	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

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

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other 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

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain:

3.4 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please provide explanation.

Section 4: Claims Information

4.1

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.2

Does the Insured have a formal equipment or premises maintenance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel:				
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4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

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Section 5: Limits of Liability Required

5.1 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	\$

5.2 Participant Accident Limits

<input type="checkbox"/>	\$5,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$10,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$15,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$20,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$25,000 Accidental Death & Dismemberment/Medical Expense
<input type="checkbox"/>	\$50,000 Accidental Death & Dismemberment/Medical Expense

Deductible

<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$500
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5.3 Weekly Accident Indemnity

<input type="checkbox"/> \$25 for 26 weeks	<input type="checkbox"/> \$25 for 52 weeks
<input type="checkbox"/> \$50 for 26 weeks	<input type="checkbox"/> \$50 for 52 weeks
<input type="checkbox"/> \$100 for 26 weeks	<input type="checkbox"/> \$100 for 52 weeks
<input type="checkbox"/> \$200 for 26 weeks	<input type="checkbox"/> \$200 for 26 weeks

Deductible

<input type="checkbox"/> 7-Day Waiting Period	<input type="checkbox"/> 14-Day Waiting Period
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Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application 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 Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: