

Motorsports Independent Club Event Liability (ICEL) Application

Waiver and Release Requirement: Each event participant MUST sign the K&K Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to K&K upon request only, and is a condition of Participant Legal Liability Coverage.

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 of Insured Club as it is to appear on policy: _____
Mailing Address: _____ _____ _____

2.3 What is the insured?

Corporation Partnership Joint Venture

Individual Other (specify) _____

2.4

Is a Certificate of Insurance required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2.5 Event Dates: (Attach list if necessary)

2.6 Event Locations: (name of site)

2.7

Type of Event	Number of Events	Type of Event	Number of Events
<input type="checkbox"/> Autocross	_____	<input type="checkbox"/> Rally	_____
<input type="checkbox"/> Mud Bog	_____	<input type="checkbox"/> Ride and Drive	_____
<input type="checkbox"/> Track Day		<input type="checkbox"/> Other:	

2.8

Total number of Vehicles: _____

Total number of Participants: _____

Minimum age for Participants: _____

Do all vehicles have roll cages and 5-point harnesses? Yes No

Will there be Fire Safety Personnel and EMT on site? Yes No

2.9 Describe the class(es) of vehicles being used:

2.10 Additional Insureds and relationship (e.g. landowner / sponsor):

2.11 If the insured has food and / or beverage sales please advise receipts:

Food: \$	Beverage: \$
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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:				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				

3.2 Liquor Liability

<p>a) Do Applicant's operations include the serving of alcoholic beverages?</p> <p>If yes, describe in full:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>b) Is liquor server awareness training required for all servers ?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>c) Are concessionaires serving alcohol on the Insured's premises?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 4: Claims Information

4.1

<p>Does the Insured have a formal employee safety-training program?</p> <p>If yes, please provide details:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4.2

<p>Does the Insured have a formal equipment or premises maintenance procedure?</p> <p>If yes, please provide details, including documentation procedures and qualifications of maintenance personnel:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4.3 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.):

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 6: Additional Information

Additional Information: