

## Motorsports Specialty Racing 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:

- Facility Owner       Promoter       Agent
- Other (specify) \_\_\_\_\_

2.4

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

2.5

Total number of Races / Events per year:	
Do any events or races take place in the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, approximately how many?	

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

Food: \$	Beverage: \$
----------	--------------

**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  No

If yes, please describe:

---



---



---

3.2 Liquor Liability

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

If yes, describe in full:

---



---

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

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

3.3 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 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:

---



---

<p>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?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>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?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.4 Workers Compensation

<p>Are all employees and contractors including students and volunteers covered by Workers Compensation?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If no, please provide explanation.</p>				
<hr/>				
<hr/>				
<hr/>				

**Section 4: Claims Information**

4.1

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



**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
--------------------------	------	--------------------------	-------	--------------------------	-------	--------------------------	-------

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
---	--

**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: