



MOTORSPORTS TRACK APPLICATION

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:	Phone #	Fax #		
	E-Mail:	Website:		

GENERAL APPLICANT INFORMATION

Business Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:	Phone #	Fax #		
	E-Mail:	Website:		
Is the proposed insured a subsidiary of another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide name of parent company if yes:		
Location (if different)		City:	State:	Zip:
Facility Name (if different)				
How long has present management managed this facility?				
Please provide the most recent audited financial statement				

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:		
Previous Insurance Carrier:	Has coverage ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:			
Policy Term:	Year:	Year:	Year:	Year:
Limits:				
Annual Premium:				
*Total Incurred Losses:				

*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Deductible/Self-Insured Retention	Other
General Liability					
Products, Completed Operations					
Personal & Advertising Injury					
Damage to Rented Premises					
Excess/Umbrella					
Liquor Liability					
Special Events					
Participant Accident					
Property					
Inland Marine					
Auto					
Workers Compensation					
Contingency					
Other - Describe					

UNDERWRITING INFORMATION

Please provide breakdown of receipts for the following categories:

Type of Receipt	Receipt Amount
Gate Receipts	\$
Concession Receipts	
Food & Drink	\$
Liquor	\$
Merchandise	\$
Parking Receipts	\$
Other – Describe...	\$

Does the facility have a licensing agreement with any firm to provide products, souvenirs or apparel?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the agreement and certificate of insurance for the licensor.
Do you rent out the facility to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is the facility listed as an additional insured under the tenant-user's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the policy.
Is there a system in place for obtaining certificates of insurance where applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the minimum required limit of general liability coverage requested from each tenant user?	\$
Are employees covered by a workers compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do all participants sign a waiver and release?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Are all participants covered by a participant accident policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what limits?
Are all participants required to wear safety gear? (helmet, neck restraint/Hans Device, fire suit, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.
Are there any minor participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what minimum age?
Will there be at least one EMT and ambulance onsite for <u>all</u> events including racing, practice, test and tune, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Insureds – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

TRACK INFORMATION

Track Type:	<input type="checkbox"/> Oval <input type="checkbox"/> Road Course <input type="checkbox"/> Drag <input type="checkbox"/> Other, please describe:
Track Length:	
Track Surface:	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other, please describe:
Is there a perimeter fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type and height:
What is the number of Entrances?	#
Do any Entrances have a gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is each entrance secured?	<input type="checkbox"/> Chain <input type="checkbox"/> Locked <input type="checkbox"/> Open
Provide the number of Flag Positions:	# Are the positions protected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are guardrail ends protected from oncoming vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are track barriers installed to protect race vehicles from unusual hazards (light poles, steep banks, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:

Track Protection

Track Barrier:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	Concrete	Armco
Height		
Width or Number of barriers		
Support Posts		
Distance apart		
Earth Backed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardrail Locations (mark on diagram):		

Track Wheel Fence:			
	Chain Link	Woven Wire	Weld Wire
Height above track			
Type of support posts			
Distance Apart			
Anchored	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wheel Fence Location (mark on diagram):			
Cable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	Number of Strands: #	Dimensions of wire:

PIT AREA (Mark locations of pit area on diagram)

Are pit area access and all exits visible from Official's stand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is each person entering the pit required to sign an approved Release and Waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If No, please explain:	
Will there be adequate warnings and notices (No Smoking, Authorized Personnel Only, No Admittance, etc.) posted in the pit area forbidding unauthorized entry or activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe the fire suppression measures for the pit area:			
Fire Extinguishers:	Type:	Number #	
Describe fueling arrangements and procedures:			
Are there permanent fuel tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are they <input type="checkbox"/> Above ground <input type="checkbox"/> Buried	
Are there overhead wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the minimum height?	
Pit Barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Concrete	Armco	
Height			
Width or Number of barriers			
Support Posts			
Distance apart			
Earth Backed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a pit viewing area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it separated from regular pits by crowd control fence?			
Does the area contain separate rest rooms and concessions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the area have grandstands <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, are there railings on these grandstands?	
Is there a guardrail between the pit area and the track with crowd control fence to restrict spectators behind guard rail?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pit Viewing Area Crowd Control Fence:			
	Chain Link	Woven Wire	Snow Fence
Height			
Support Posts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Distance Apart			
Distance to Guardrail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Wheel Fence Location (mark on diagram):				
Cable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size:	Number of Strands: #	Dimensions of wire:	

SPECTATOR CONVENIENCES

Grandstands:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mark location and assign reference numbers to each section on the diagrams. Code abbreviations – W – Wood, M - Metal, C - Concrete			
What is the minimum distance between spectator viewing area and track?		# of feet	
Number of Seats:	Type of Seat: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete		
Type of Frame: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete			
Describe the Footing Type:			
Are there any Handrails?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the number of rows high:			
How is the Grandstand Accessed?		<input type="checkbox"/> Frontload	<input type="checkbox"/> Backload
Is area under the grandstand used for open storage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, what is the Estimated Value of the storage? \$
Are grandstands inspected regularly and maintained as necessary by replacing any rotten boards, damaged, rusted pieces that could be hazardous?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parking Area:		<input type="checkbox"/> On Premises	<input type="checkbox"/> Across Street
What is the distance from Spectator Viewing Area?			
Type of Parking Area	<input type="checkbox"/> Paved	<input type="checkbox"/> Dirt	<input type="checkbox"/> Grass
Elevation of Parking Area	<input type="checkbox"/> Level	<input type="checkbox"/> Sloped	
Is Parking Area Security Patrolled:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Parking Area have sufficient lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer is No to any of the above questions, please provide a detailed explanation:			

Liquor Liability:	
(*Please complete this section if you are responsible for the sale or dispensing of alcoholic beverages.)	
Name on Liquor License:	
Liquor License #:	Class of Liquor License
Has the applicant's Liquor License been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the details:
Has the applicant ever been assessed a fine for violations of a law concerning the sale or service of alcoholic beverages:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Describe type(s) of alcoholic beverages sold:	<input type="checkbox"/> Beer/Malt Liquor/Ale <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits – Whiskey/Vodka/Rum <input type="checkbox"/> Other Describe:
Estimated Annual Receipts of all alcoholic beverages:	\$
Are patrons allowed to carry alcoholic beverages onto the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:

Are security personnel used to check ID's?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are security personnel used at check points to screen for contraband (alcoholic beverages)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you exercise the right of search & seizure?	
Does security patrol the parking areas for intoxicated drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a designated driver or escort program in place for the event or venue?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many security/police officers on site?	Uniformed Police-#	Undercover Police-#	Private- #
Describe the containers for serving alcoholic beverages:	<input type="checkbox"/> Cup - # oz. Pitcher Other:		
Is there a limit placed on the number of alcoholic beverages purchase at one time?	Yes	No	Please provide details:
How many servers are used?	Professional	Volunteer	
Do the servers receive any type of alcohol awareness training?	Yes	No	Please provide details:
What is the medium age of alcoholic beverage consumers?	18-25	25-30	30-40 Over 40
Are alcoholic beverages sold & consumed at one fixed location or multiple sites within the event?	Yes	No	If Yes, please explain:
Are rules and regulations regarding the sale & consumption of alcoholic beverages displayed?	Yes	No	

Camping: (Complete this section if camping is permitted on premises)	
Are there fire prevention rules in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are rules posted throughout the campground?
Are campers restricted to building fires only in fireplaces or stoves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is camping area security patrolled 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are fireworks permitted on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any equipment rented to campers?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Are propane tanks filled on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured provide hook ups for gas and water to RVs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured provide any maintenance services for RVs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any open bodies of water on the premises accessible to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No






EVENT LOCATION DIAGRAM SHEET

VERY IMPORTANT: POLICIES/CERTIFICATES/BINDERS WILL NOT be processed by the company unless a DETAILED DIAGRAM AND SUPPORTING PHOTOS accompany the application. A CURRENT SURVEY IS ALSO REQUIRED (Must be within the last 2 Years)

SHOW LOCATION AND IDENTIFY THE FOLLOWING ITEMS IN THE DIAGRAM: Spectator viewing area, spectator parking areas, restricted areas, pit areas, competition course, barriers, fences, concessions, restrooms, fire extinguishers, ambulances, security personnel, distances between course and nearest crowd control fence and direction North.

PICTURES MUST BE TAKEN: Between course and any area used by spectators and/or participants, parallel to course and barrier/fence. (Note direction taken and number each photo)

USE SYMBOLS: Include the following symbols in your diagram:


-  Security
-  Fire Extinguishers
-  Ambulance
-  Concessions
-  Rest Room

 North indicate the direction of NORTH on diagram

_____ - _____ - _____ Barrier

_____ Fence over 5'

----- Fence under 5'

 Photograph – indicate photo number in the circle and position the arrow in the direction the photo was taken

By making underwriting/loss control visit(s), recommendations and/or suggestions, Everest Indemnity Insurance Company has not and does not undertake or assume any duty to you or anyone else, including but not limited to: A) Identifying or reporting upon each and every possible or significant hazard at your premises; B) Managing, controlling, or correcting any hazard; or C) Enforcing compliance with any local, state, or federal safety or health law. Our recommendations/suggestions may not address every possible loss potential, code violation, or exception to good practice nor will compliance with any submitted recommendations/suggestions guarantee the fulfillment of your obligations as required by any local, state, or federal laws.



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. The Motorsports Track Application	<input type="checkbox"/>
2. Event Schedule for upcoming year	<input type="checkbox"/>
3. Illustrated Track diagram and photos of the facility	<input type="checkbox"/>
4. List of all corporate sponsors and additional insureds along with a complete description	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of event brochures	<input type="checkbox"/>
7. Copy of any lease agreements	<input type="checkbox"/>
8. Copy of all subcontractor agreements including certificates of insurance naming the Track as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
9. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc	<input type="checkbox"/>
10. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
11. Copy of written emergency evacuation procedures	<input type="checkbox"/>
12. Copy of written emergency procedures for injured spectators	<input type="checkbox"/>
13. #125 ACORD Applicant Information	<input type="checkbox"/>
14. #127 ACORD Business Auto Section (State Specific)	<input type="checkbox"/>
15. #131 ACORD Umbrella Section	<input type="checkbox"/>
16. 5 Year Hard Copy Loss Runs – currently valued	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

FRAUD STATEMENTS**GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (and subjects such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**. *Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.