



GO KART TRACKS SUPPLEMENT

BROKER INFORMATION

Broker/Agency Name:	
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GENERAL APPLICANT INFORMATION

Business Name:	
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POLICY INFORMATION *(Only complete if abuse coverage was a separate policy than your package or general liability)*

Effective Date:	Expiration Date:	Quote Need By Date:		
Previous Insurance Carrier:	Have coverages 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:
Coverage/Limits:				
Annual Premium:				

UNDERWRITING INFORMATION

Is this a standalone karting operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the shape of the track?	<input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Figure 8 <input type="checkbox"/> Other:
What is track surface?	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Other:
Construction and Height of Barriers:	
Is proper signage and enforcement of loose clothing and hair restraints in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any racing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are helmets required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are they offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If indoor facility, describe ventilation:	
Do you post "No Smoking" signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Karts have an on board governor to limit top speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum speed of the Kart:	MPH
Are Karts Gas or Electric?	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
How much gasoline is stored on the premises? (in gallons):	
Do axles, gear boxes and intake of exhaust ports have protective covering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total receipts of the facility:	Karting Receipts:
Does the track meet ASTM Standard F-2007-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the number and placement of fire extinguishers?	
Does the facility require attendant training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility suffered a fatality or hospitalization of 2 or more participants resulting from 1 event in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has facility had their license to operate revoked in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the facility training program records include name of instructor, date of training, and name of employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does facility serve alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please attach schedule showing Types of Karts, Manufacturer, # Owned, # Operated and Serial Numbers.



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 #: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

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 MASSACHUSETTS, NEBRASKA AND OREGON

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 MINNESOTA

Any 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 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 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.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.