



MOTORSPORTS TRACKS 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: | 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: |
| 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 | | | | | |
| Fire Legal Liability | | | | | |
| Excess/Umbrella | | | | | |
| Liquor Liability | | | | | |
| Special Events | | | | | |
| Other - Describe | | | | | |
| Other - Describe | | | | | |



UNDERWRITING INFORMATION

Name of Race Track/Facility: _____

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? | \$ |

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

| | | | |
|---|--|-----------------------------------|--|
| Grand Stands: | | <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? \$ |

| | | | |
|--|--------------------------------|--------------------------------------|--|
| 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: | | | |



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:

- S Security
- X Fire Extinguishers
- A Ambulance
- C Concessions
- R Rest Room

N North indicate the direction of NORTH on diagram

_____ - _____ - _____ Barrier

_____ Fence over 5'

----- Fence under 5'

O → 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 Tracks 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#: _____