



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## GO KARTING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

|   |                |               |  |
|---|----------------|---------------|--|
| Named Insured:  |                |               |  |
| Brokerage/Broker:   |                | Agency/Agent: |  |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Policy Number: |               |  |
| Effective Date:   |                |               |  |
| Website:  |                |               |  |

2)

Current Carrier Information:

|  |   |                   |  |
|--|---|-------------------|--|
| Carrier:   |   |                   |  |
| Limit of Insurance:  |   |                   |  |
| Deductible:  |   |                   |  |
| Premium:   |   |                   |  |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> | Retroactive date: |  |

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's product brochure, catalog, or marketing materials if a website is not available*
- c) *Detailed diagrams and construction specifications of all track layouts, barricades, spectator zones, etc.*

3)

What are your operations? Check all that apply:

- Operation of Go Kart Tracks – Indoors – No Food or Drink
- Operation of Go Kart Tracks – Outdoors – No Food or Drink
- Operation of Arcade Games in conjunction with Go Kart Tracks
- Operation of Go Kart Tracks – Indoors – With Food Service (no Alcoholic Beverages)
- Operation of Go Kart Tracks – Outdoors – With Food Service (no Alcoholic Beverages)
- Operation of Go Kart Tracks – Indoors – Including Alcoholic Beverages
- Operation of Go Kart Tracks – Outdoors – Including Alcoholic Beverages
- Party or Special Event Hosting
- Racing Programs/Competitive Racing

4)

What are your projected receipts for the coming year? \$ \_\_\_\_\_ Please provide a breakdown of sales:

- |   |  |
|---|--|
| <input type="checkbox"/> Karting _____%             | <input type="checkbox"/> Food _____%                             |
| <input type="checkbox"/> Alcoholic Beverages _____% | <input type="checkbox"/> Parties/Event Space Rental _____%       |
| <input type="checkbox"/> Arcade/Midway _____%       | <input type="checkbox"/> Other ( <i>please describe</i> ) _____% |

- 5) What are your normal operating hours? \_\_\_\_\_
- 6) Do you operate seasonally only? Yes  No   
 a. If yes, what is your operating season? \_\_\_\_\_  
 b. How many seasons/years have you been in operation? \_\_\_\_\_
- 7) Are you subject to any state or local licensing or regulation? Yes  No   
 If Yes, list regulations/licenses: \_\_\_\_\_
- 8) Does your operation have any age restrictions? Yes  No   
 a. If Yes, what age? \_\_\_\_\_  
 b. Total limitation or speed cap? \_\_\_\_\_  
 c. What speed? \_\_\_\_\_
- 9) Please indicate the safety measures in place:
- |   |  |                               |  |
|---|--|-------------------------------|--|
| a. Helmets?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | b. Socks (head)?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Neck braces?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | d. Safety harnesses?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Roll bars?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | f. Racing suits?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Gloves?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | h. Closed-toe shoes required? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. Engine guards to prevent entanglement of hair or clothing?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |  |
| j. Mandatory pre-session training/rules presentation? (please provide a copy) | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |  |
| k. Easily visible track rules? (please provide a copy)                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |  |
| l. Other : _____  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                               |  |
- 10) What types and numbers of Kart are you operating?  
 Gasoline \_\_\_\_\_ 1 seat/\_\_\_\_\_ 2 seat     Electric \_\_\_\_\_ 1 seat/\_\_\_\_\_ 2 seat  
 Hydrogen Cell \_\_\_\_\_ 1 seat/\_\_\_\_\_ 2 seat  
 a. Manufacturer(s): \_\_\_\_\_  
 b. Max speed(s): \_\_\_\_\_  
 c. Minimum height to drive: \_\_\_\_\_ To ride: \_\_\_\_\_  
 d. Describe any speed inhibitor functions: \_\_\_\_\_
- 11) What is the maximum number of Karts on a track at a time? \_\_\_\_\_  
 a. Are minors/double Karts allowed on the track at the same time as single rider adults? Yes  No   
 b. Are Karts of mixed speed restriction on the track at the same time? Yes  No   
 c. Number of supervisors per track when in operation: \_\_\_\_\_  
 d. How many yellow flag/red flag stations/screens are there? \_\_\_\_\_
- 12) Do you conduct daily safety checks? Yes  No   
 a. If yes, please provide a copy of your daily checklist  
 b. How often are detailed track inspections conducted? \_\_\_\_\_  
 c. How often are barricades/impact padding replaced? \_\_\_\_\_  
 c. How often are detailed Kart inspections conducted? \_\_\_\_\_  
 d. How often is Kart maintenance/service performed? \_\_\_\_\_  
 e. Please provide a copy of your refueling/recharging and regular maintenance procedures

- 13) For indoor tracks:
- a. How is air quality monitored and maintained? \_\_\_\_\_  
 \_\_\_\_\_
- b. is the battery recharge area ventilated? Yes  No
- c. Total square footage: \_\_\_\_\_
- d. Are cleaning and maintenance areas separated from patron access areas? Yes  No
- 14) Do you require signed waivers before any participation or competition? Yes  No
- a. Please provide a copy of all waivers.
- 15) Do you host any sport Kart racing events or competitions? Yes  No
- a. If yes, how many annually? \_\_\_\_\_
- b. How many participants per event? \_\_\_\_\_
- c. How many non-participating attendees per event? \_\_\_\_\_
- d. Are these events WKA, USPKS, or local Kart governing body official? Yes  No
- e. Do you host any youth league events? Yes  No
- 16) If you operate an arcade or midway, complete the following:
- a. Skill or chance games for tickets or prizes? Yes  No
- b. Amusement device rides? Yes  No
- c. Laser Tag, maze, or escape rooms? Yes  No
- d. Are arcade games/midway operations serviced by a subcontractor? Yes  No

### FOOD AND BEVERAGE SERVICE

- 17) Do you have a Liquor License? Yes  No
- If yes, please provide license number: \_\_\_\_\_
- 18) Has your liquor license ever been revoked or suspended? Yes  No
- 19) Do you carry separate Liquor Liability insurance? Yes  No
- If Yes, please provide carrier and policy number: \_\_\_\_\_
- 20) Have you experienced any liquor violations or claims in the last five years? Yes  No
- If yes, please attach details.
- 21) Do you have written guidelines for ID checking? Yes  No
- 22) Are alcohol servers trained in documented, responsible alcohol serving techniques (TIPS, TAM, RAMP, BEST, or similar)? Yes  No
- 23) Do you have written policies against Karting while intoxicated for employees and patrons that must be acknowledged before service? If yes, please attach a copy of your policies. Yes  No
- 24) Do you train employees on the handling of minors or intoxicated customers? Yes  No
- If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

- 25) Are patrons or guest bartenders permitted to serve alcohol? Yes  No   
If yes, please clarify: \_\_\_\_\_
- 26) Do you allow "BYOB" consumption on premise? Yes  No
- 27) Do you sell whole bottles of hard liquor to tables? Yes  No
- 28) Please complete the following information regarding your food and beverage sales:  
 Food \_\_\_\_\_ % of sales  
 Beer/Malt Beverages \_\_\_\_\_ % of sales; \_\_\_\_\_ oz serving size; \$\_\_\_\_\_ average cost per drink  
 Wine \_\_\_\_\_ % of sales; \_\_\_\_\_ oz serving size; \$\_\_\_\_\_ average cost per drink  
 Mixed Drinks \_\_\_\_\_ % of sales; \_\_\_\_\_ oz serving size; \$\_\_\_\_\_ average cost per drink  
 Hard Liquor \_\_\_\_\_ % of sales; \_\_\_\_\_ oz serving size; \$\_\_\_\_\_ average cost per drink
- 29) Do you end kitchen service before bar service? Yes  No   
If yes, by how many hours? \_\_\_\_\_
- 30) Do you run any of the following promotions:  
a. "Happy Hour" reduced drink prices for 2 or more hours? Yes  No   
b. Any alcoholic beverages under \$1? Yes  No   
c. Multiple drink incentives (i.e. "2 for 1," "buy 3 get 1 free," etc.)? Yes  No   
d. Complimentary drinks/reward drinks? Yes  No   
e. "All you can drink" specials? Yes  No
- 31) Do you offer any of the following specialty food or drinks:  
a. Flaming or ignited drinks or food? Yes  No   
b. Pitchers or "fishbowls" of wine, mixed drinks, or liquor? Yes  No   
c. Drinks or food involving dry ice or liquid nitrogen? Yes  No
- 32) Do you permit employees to consume alcohol on premise either:  
a. During work hours? Yes  No   
b. After shifts? Yes  No
- 33) Are persons under the age of 21 allowed on premises after 10:00 PM? Yes  No
- 34) Do you provide any 3rd party transportation coordination (i.e. cabs, ride hailing apps, etc.)? Yes  No

### ACCOUNT HISTORY

- 35) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes  No
- 36) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_