

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Go Kart Tracks Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Gross Annual Sales: _____ Go-kart track operation: _____
Concessions: _____

2. Is track limited to go-karts (e.g. no cars, motorcycles, or motorized scooters) Yes No

3. Who manufactured the Karts? _____

4. Do Karts have an on board governor to limit top speed? Yes No

Do the Karts have an automatic shut off? Yes No

5. What is the maximum speed of the Kart? _____ MPH

6. Does a qualified mechanic maintain Karts? Yes No

7. What is the maximum number of riders per Kart? 1 2

8. Are age and height restrictions in place? Explain below. _____

9. Are signs clearly posted that outline the drivers' responsibilities when driving the Kart? Yes No

(Describe below and/or provide picture of signs containing verbiage for review)

Are all rules and regulations strictly enforced? Yes No

10. Are all attendants' supervisors or monitors at least 19 years of age? Yes No

Explain. _____

11. Are employees in full view of the track at all times? Yes No

12. Are Karts gas or electric? Gas Electric

UNDERWRITING INFORMATION (Continued)

13. If Karts are gas please provide the following information:

- (a) Is fuel filling performed in a restricted area? Yes No
- (b) Is there appropriate protection and ventilation? Yes No
- (c) Are "No Smoking" signs posted? Yes No

14. Are vehicles properly cleaned after each fill? Yes No

15. How much gasoline is stored on the premises? _____ Gallons

16. How is it stored? _____

17. Due to potential injury caused by accidental intake of hair, jewelry, or clothing please confirm the following are covered:

- (a) Axles Yes No
- (b) Gear boxes Yes No
- (c) Intake or exhaust ports Yes No

Describe any "no" responses. _____

18. Is the driver's area enclosed; e.g., molded fiberglass. Yes No

If yes, explain. _____

19. Does a 3-point harness restrain the driver? Yes No

20. Any other amusement rides or devices on premises? Yes No

If yes, explain. _____

21. Are employees instructed to enforce all rules and regulations, even if it means ejection of a participant from the ride or refusal of service? Yes No

22. Please provide a complete description of the race track area, including the following:

- (a) What is the surface of the track? _____
- (b) What is the construction of the barriers? _____
- (c) What is the height of the track barriers? _____
- (d) Is it sufficient to prevent ejection or overturn? Yes No
- (e) Do turn walls have tires or other impact materials for protection? Yes No
- (f) Do patrons cross the drive path of other riders? (e.g., figure 8) Yes No
- (g) Is facility set0up for nighttime operations? Yes No
If yes, describe (lighting, etc.) _____

(h) Is track secured / marked to prevent spectators from access Yes No

23. Do you have warning signals or an audio system to notify patrons of potential accidents or obstructions on the track?

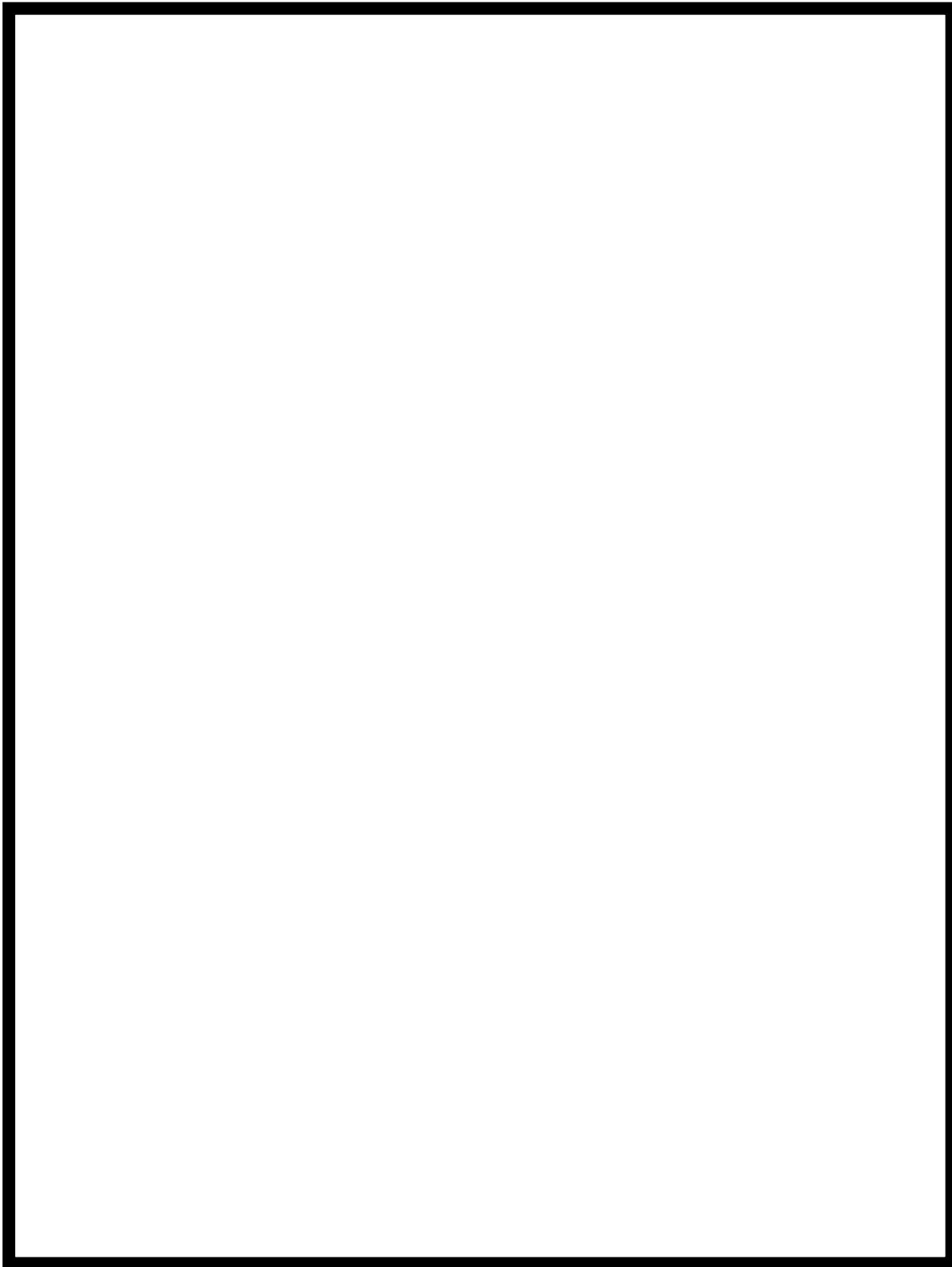
..... Yes No

Explain. _____

24. A diagram of the track is required, including spectator areas, crossovers, or other unique hazards.

PLEASE COMPLETE THE ATTACHED SHEET.

DIAGRAM OF PREMISES (ITEM #24)



UNDERWRITING INFORMATION (Continued)

25. Any additional information. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, 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, or a denial of insurance benefits.

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

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.

New Mexico: 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.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

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

Producer's Signature

Date

Applicant's Signature

Date