

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

## Race Track Or Racing Exposures Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL 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 \_\_\_\_\_

### GENERAL BUSINESS INFORMATION

1. Contact Name: \_\_\_\_\_

2. Experience of management and staff: \_\_\_\_\_

### PHYSICAL DESCRIPTION OF PREMISES

1. Complete description of the following:

Seating area: \_\_\_\_\_

"Pit" areas: \_\_\_\_\_

Path of participating vehicles: \_\_\_\_\_

Fuel storage: \_\_\_\_\_

Distance to spectator area: \_\_\_\_\_

Permanent: .....  Yes  No Chairs: .....  Yes  No

Top Rail: .....  Yes  No Bleachers: .....  Yes  No

Inspected daily? .....  Yes  No Maximum height: \_\_\_\_\_

2. Is race track a lessor's risk only exposure? .....  Yes  No

If yes, does tenant have coverage and name you as Additional Insured? .....  Yes  No

3. Is the "Pit" clearly marked to prevent spectators from entering? .....  Yes  No

If yes, is a waiver signed? .....  Yes  No

4. Are "Pit Passes" sold to the public? .....  Yes  No

5. Are there adequate first aid facilities/services on premises? .....  Yes  No

Explain: \_\_\_\_\_

**PHYSICAL DESCRIPTION OF PREMISES (Continued)**

- 6. Is the facility set up for nighttime operations? .....  Yes  No  
If yes, describe (lighting, etc.). \_\_\_\_\_
- 7. Are there any special promotional activities scheduled during the event (e.g., audience participation in, mud olympics, tug-o-war, contests or competition)? .....  Yes  No  
If yes, describe. \_\_\_\_\_
- 8. Is Security provided for the event? .....  Yes  No  
If yes, describe. \_\_\_\_\_

**OPERATIONS**

- 1. Are all participants required to:
  - Meet age requirements .....  Yes  No    Sign waiver w/hold harmless .....  Yes  No
  - Receive published rules .....  Yes  No    Wear protective clothing .....  Yes  No
  - Submit to safety inspection .....  Yes  No    Carry own insurance .....  Yes  No
- 2. Do they have an orientation meeting for all participants prior to the event? .....  Yes  No
- 3. Are signs posted in the "Pit" with rules, age restrictions and alcohol policy? .....  Yes  No
- 4. Is there security provided in the "Pit" area to enforce these restrictions? .....  Yes  No

**MISCELLANEOUS**

- 1. Do you operate any concessions from the premises? .....  Yes  No  
If yes, describe. \_\_\_\_\_
- 2. Is alcohol permitted on the premises? .....  Yes  No  
If yes, under what restrictions? \_\_\_\_\_
- 3. Is alcohol permitted in the "Pit" area? .....  Yes  No

**ATTACH**

- A copy of the Waiver and Hold Harmless documents for Company review.
- A copy of the List of Rules provided to each participant. This should include rules on types of vehicles and remote kill switches, if applicable, etc.
- A diagram of the facility area.

**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