



## MOTORSPORTS FACILITY APPLICATION

LEGAL NAME:		DOING BUSINESS AS:			
MAILING ADDRESS:					
CONTACT PERSON:		PHONE:	FAX:		EMAIL:
WEBSITE:		POLICY PERIOD REQUESTED: TO		FEIN #	
INSURED IS:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____				
NATURE OF OPERATIONS / DESCRIPTION OF EVENTS:					
HOW LONG HAS PRESENT MANAGEMENT MANAGED THIS FACILITY: <span style="color: red;">(IF 3 YEARS OR LESS, PLEASE PROVIDE DETAILS ON EXPERIENCE OF PROMOTER AND OFFICIALS)</span>					
HAS COVERAGE EVER BEEN CANCELLED OR NON-RENEWED DURING THE LAST (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					

### LOCATION AND PROCEDURES

LOC 1 ADDRESS:	INTEREST IN LOCATION:
LOC 2 ADDRESS:	INTEREST IN LOCATION:
DO YOU RENT THE FACILITY TO OTHERS? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
IF YES, DO YOU REQUIRE A CERTIFICATE OF INSURANCE (COI) FROM THE LESSEE SHOWING THE FACILITY IS AN ADDITIONAL INSURED AND EVIDENCING LIMITS OF AT LEAST \$1,000,000? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
IF NO, PLEASE EXPLAIN:	

### COVERAGE INFORMATION

LIMITS OF COVERAGE DESIRED:						
GENERAL LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
PARTICIPANT LEGAL LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
LIQUOR LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> OTHER: \$			
EXCESS LIABILITY LIMIT:	<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> OTHER: \$
ACCIDENTAL DEATH & DISMEMBERMENT LIMIT:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> OTHER: \$
ACCIDENTAL MEDICAL & EXPENSE LIMIT:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> OTHER: \$
	DEDUCTIBLE:	\$ PER INJURY		<input type="checkbox"/> CORRIDOR		<input type="checkbox"/> REDUCING
WEEKLY DISABILITY BENEFIT:	\$ PER WEEK FOR UP TO #		OF WEEKS			
OTHER COVERAGES REQUESTED:						
<input type="checkbox"/> PROPERTY COVERAGE		<input type="checkbox"/> INLAND MARINE COVERAGE		<input type="checkbox"/> WORK COMP COVERAGE		
<input type="checkbox"/> CRIME COVERAGE		<input type="checkbox"/> AUTO COVERAGE		<input type="checkbox"/> FIREWORKS COVERAGE (EXCESS & CONTINGENT)		

**OVAL RACING FACILITIES**

1.	LENGTH OF TRACK:		SURFACE TYPE:	<input type="checkbox"/> DIRT / CLAY	<input type="checkbox"/> PAVED	<input type="checkbox"/> OTHER:
2.	DEGREE OF BANKING:	<input type="checkbox"/> LOW <input type="checkbox"/> AVERAGE <input type="checkbox"/> HIGH				
3.	EVENTS SCHEDULED:	<input type="checkbox"/> CLOSED WHEEL <input type="checkbox"/> OPEN WHEEL <input type="checkbox"/> OTHER (NOT MENTIONED ABOVE):				
4.	ARE REINFORCED RIGHT-FRONT WHEELS REQUIRED ON ALL CARS (EXCEPT OPEN WHEEL)?					<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	ARE 4-POINT ROLL BARS (MINIMUM) REQUIRED ON ALL CARS?					<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	ARE ALL DOORS SECURELY FASTENED?					<input type="checkbox"/> YES <input type="checkbox"/> NO

**ROAD COURSE FACILITIES**

1.	LENGTH OF TRACK:		CAN THE COURSE BE SUBDIVIDED INTO SHORTER COURSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
			IF YES, WHAT IS THE LENGTH OF EACH SHORTER COURSE?	
2.	EVENTS SCHEDULED:	<input type="checkbox"/> RIDE AND DRIVES <input type="checkbox"/> DRIVING SCHOOLS / TIME TRIALS <input type="checkbox"/> SPECTATOR RACES <input type="checkbox"/> MOTORCYCLES <input type="checkbox"/> KARTING <input type="checkbox"/> FILM SHOOTS <input type="checkbox"/> AUTOCROSS / DRIFTING <input type="checkbox"/> VINTAGE <input type="checkbox"/> CLUB DAYS <input type="checkbox"/> HPDE <input type="checkbox"/> OTHER:		

**DRAG RACING FACILITIES**

1.	STRIP LENGTH:		SHUT DOWN LENGTH:	
2.	SURFACE:	<input type="checkbox"/> PAVED <input type="checkbox"/> SAND <input type="checkbox"/> MUD <input type="checkbox"/> GRASS <input type="checkbox"/> OTHER:		
3.	ANY EVENTS SCHEDULED INVOLVING 10 OR MORE OF THE FOLLOWING VEHICLES:		<input type="checkbox"/> JETS	<input type="checkbox"/> BLOWN ALCOHOL <input type="checkbox"/> BLOWN NITRO METHANE
4.	ANY EVENTS SCHEDULED INVOLVING MOTORCYCLES ONLY:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WHICH OF THE FOLLOWING ACTIVITIES / OPERATIONS APPLY?			
<input type="checkbox"/> AMUSEMENT RIDES	<input type="checkbox"/> AUTO DRIVING SCHOOL	<input type="checkbox"/> AUTOCROSS	<input type="checkbox"/> BOAT RACING
<input type="checkbox"/> CAR SHOWS	<input type="checkbox"/> CLUB RACING	<input type="checkbox"/> CONCERTS	<input type="checkbox"/> DEMO DERBIES
<input type="checkbox"/> DRIFTING	<input type="checkbox"/> ENDURO	<input type="checkbox"/> FILM SHOOTS	<input type="checkbox"/> FLAT TRACK
<input type="checkbox"/> GYMKHANAS	<input type="checkbox"/> HARE SCRAMBLES	<input type="checkbox"/> HILL CLIMBS	<input type="checkbox"/> INFLATABLES
<input type="checkbox"/> KARTING	<input type="checkbox"/> LAPPING DAYS	<input type="checkbox"/> MALL SHOWS	<input type="checkbox"/> MEDIA DAYS
<input type="checkbox"/> MONSTER TRUCKS	<input type="checkbox"/> MOTOCROSS	<input type="checkbox"/> MOTORCYCLE RACING	<input type="checkbox"/> MOTORCYCLE RIDING SCHOOLS
<input type="checkbox"/> OHV FACILITIES	<input type="checkbox"/> OHV PRACTICE	<input type="checkbox"/> POKER RUNS	<input type="checkbox"/> PYROTECHNIC PERFORMERS
<input type="checkbox"/> RIDE AND DRIVE	<input type="checkbox"/> SKY DIVERS	<input type="checkbox"/> SPORTS CAR CLUBS	<input type="checkbox"/> STUNT PERFORMERS
<input type="checkbox"/> SWAP MEETS	<input type="checkbox"/> TRADE SHOWS	<input type="checkbox"/> TRAVELING PROMOTER	<input type="checkbox"/> TRUCK / TRACTOR PULLS

**ADDITIONAL INTEREST** (PLEASE LIST ALL ADDITIONAL INTERESTS AND THEIR BUSINESS RELATIONSHIP)

<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:
<input type="checkbox"/> ADDITIONAL INSURED	NAME AND ADDRESS:	RELATIONSHIP:
SANCTIONING BODIES REPRESENTED:		

**UNDERWRITING INFORMATION**

1.	ESTIMATED NUMBER OF WEEKLY SPECTATORS:		ESTIMATED NUMBER OF WEEKLY PARTICIPANTS:	
2.	BARRIER HEIGHT:		BARRIER MATERIAL:	
	IS THE BARRIER:	<input type="checkbox"/> PERMANENT OR <input type="checkbox"/> TEMPORARY	IS THE BARRIER EARTH-BACKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEBRIS FENCE HEIGHT:		DEBRIS FENCE MATERIAL:	
	WHAT IS THE DISTANCE BETWEEN THE DEBRIS FENCE AND THE SPECTATOR AREA:			HOW MANY CABLES IN FENCING?
			SIZE OF CABLES?	
4.	ARE TRACK BARRIERS INSTALLED TO PROTECT RACE VEHICLES FROM UNUSUAL HAZARDS (I.E. LIGHT POLES, GUARDRAIL ENDS)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, PLEASE EXPLAIN:			
5.	ARE ALL SPECTATOR AREAS (INCLUDING PARKING LOTS, WALKWAYS, ETC.) PROTECTED WITH THE SAME MINIMUM BARRIERS AND FENCING AS THE MAIN GRANDSTANDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, PLEASE EXPLAIN:			
6.	DOES BARRIER PROTECT ALL PIT AREAS, WORKER STATIONS AND ALL PRIVATE PROPERTY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, PLEASE EXPLAIN:			
7.	HOW MANY FLAG POSITIONS ARE THERE?		IS EACH FLAG POSITION PROTECTED BY A POSITIVE BARRIER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	AGE OF GRANDSTANDS:		SEATING CAPACITY:	
	HOW OFTEN ARE GRANDSTANDS INSPECTED FOR SLIP / TRIP / FALL / COLLAPSE EXPOSURES?			
9.	IS A REEL RACING MGA APPROVED WAIVER AND RELEASE FORM READ AND SIGNED BY ALL PARTICIPANTS AND OTHER PERSONS PERMITTED IN RESTRICTED AREAS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	IS THE PIT AREA COMPLETELY FENCED OFF FROM SPECTATORS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	WHAT IS THE MINIMUM AGE ALLOWED IN RESTRICTED / PIT AREAS?			
12.	ARE ADEQUATE WARNINGS AND NOTICES POSTED IN THE PIT RESTRICTING UNAUTHORIZED ENTRY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	IS THERE A PIT VIEWING AREA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS IT SEPARATED FROM THE REGULAR PITS BY DEBRIS FENCING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	DOES THE PIT VIEWING AREA HAVE GRANDSTANDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DO THE GRANDSTANDS HAVE RAILINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	IS THERE AN AMBULANCE WITH AT LEAST 2 EMTS ON SITE DURING EACH EVENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN:
16.	IS FIRE EQUIPMENT PROVIDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHO:	<input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> TRACK OWNED
	NO. OF EXTINGUISHERS:			
17.	IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	ARE WORKER STATIONS ATTENDED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	IS ALL TRACK ACTIVITY SUPERVISED? (I.E. SWAP MEETS, TEST & TUNE, ETC.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	ARE TRAINED / CERTIFIED RACE TECH INSPECTORS PROVIDED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	ARE APPROVED HELMETS REQUIRED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	ARE APPROVED RESTRAINT BELTS REQUIRED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	ARE DRIVERS UNDER THE AGE OF 16 PERMITTED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT CLASSES AND AGES ARE ALLOWED:			
	CLASS:		MINIMUM AGE:	
	CLASS:		MINIMUM AGE:	
24.	ARE AIRCRAFT PERMITTED TO LAND ON YOUR PROPERTY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT TYPE AND PURPOSE?			

25.	IS THERE ANY OPEN WATER ON YOUR IMMEDIATE PROPERTY?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	IF YES:	HOW LARGE (ACREAGE)?		HOW DEEP?		IS IT FENCED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26.	IS PLAYGROUND EQUIPMENT LOCATED ON THE PREMISES?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	IF YES, WHAT TYPE?								
27.	IS OVERNIGHT CAMPING PERMITTED DURING <u>NON-RACE</u> ACTIVITIES?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	IF YES, NUMBER OF HOOK-UPS?								
28.	WHAT TYPE AND HOW MANY SECURITY PERSONNEL ARE PROVIDED:								
	<input type="checkbox"/> SHERIFF	<input type="checkbox"/> LOCAL POLICE	<input type="checkbox"/> STATE POLICE	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> EMPLOYEE				
	ARE THE SECURITY PERSONNEL ARMED?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
29.	DO YOU SUB-CONTRACT ANY OF THE FOLLOWING WORK OR USE INDEPENDENT CONTRACTORS FOR ANY OF THE FOLLOWING:								
	<input type="checkbox"/> FUEL	<input type="checkbox"/> TIRES	<input type="checkbox"/> WRECKER	<input type="checkbox"/> SOUVENIRS	<input type="checkbox"/> STUNT PERFORMERS				
	<input type="checkbox"/> PORTABLE TOILETS	<input type="checkbox"/> FOOD VENDOR	<input type="checkbox"/> LIQUOR VENDOR	<input type="checkbox"/> FIREWORKS SHOOTER	<input type="checkbox"/> OTHER:				
	ARE CERTIFICATES OF INSURANCE ON FILE FROM EACH SUBCONTRACTOR / INDEPENDENT CONTRACTOR SHOWING THE FACILITY IS AN ADDITIONAL INSURED AND EVIDENCING LIMITS OF AT LEAST \$1,000,000?						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**LIQUOR LIABILITY COVERAGE** (IF COVERAGE IS REQUESTED)

1.	NAME LIQUOR LICENSE IS IN:							
2.	LIQUOR LICENSE NUMBER:		LIQUOR LICENSE CLASS:					
3.	OPENING AND CLOSING HOURS OF ALCOHOLIC BEVERAGE SALES:		TO					
4.	HAS YOUR LIQUOR LICENSE EVER BEEN REVOKED, SUSPENDED OR FINED?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	HAVE YOU INCURRED CLAIMS FOR LIQUOR LIABILITY IN THE PAST 5 YEARS?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	HAS ANY INSURER CANCELLED OR NON-RENEWED COVERAGE IN THE PAST 3 YEARS?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	TYPE OF ALCOHOLIC BEVERAGES SOLD:				<input type="checkbox"/> BEER	<input type="checkbox"/> WINE	<input type="checkbox"/> LIQUOR	
8.	ANNUAL GROSS SALES OF ALCOHOLIC BEVERAGES:						\$	
9.	ARE PATRONS ALLOWED TO CARRY ALCOHOLIC BEVERAGES ONTO THE PREMISES?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, WHAT TYPE?							
10.	DO YOU MAINTAIN SECURITY PERSONNEL AT EVENT ENTRY CHECK POINTS?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	DO THEY EXERCISE THE RIGHT OF SEARCH AND SEIZURE OF CONTRABAND ITEMS?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, HOW IS THE PUBLIC NOTIFIED OF THIS?							
12.	ARE ALCOHOL SALES AND CONSUMPTION:	<input type="checkbox"/> CONTAINED WITHIN ONE FIXED SITE; OR <input type="checkbox"/> ARE BOOTHS / STANDS LOCATED THROUGHOUT EVENT SITE?						
13.	IF SITE IS COMPLETELY CLOSED, ARE MINORS ALLOWED TO ENTER?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, PLEASE EXPLAIN:							
14.	DO ALL SERVERS HAVE 2 OR MORE YEARS OF EXPERIENCE SERVING ALCOHOLIC BEVERAGES?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF NO, PLEASE EXPLAIN:							
15.	NUMBER OF SERVERS USED:		TYPE OF SERVERS USED:	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> PROFESSIONAL		
16.	DO ALL SERVERS RECEIVE FORMAL ALCOHOL AWARENESS TRAINING?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, WHAT PROGRAM IS USED:	<input type="checkbox"/> TIPS	<input type="checkbox"/> TAMS	<input type="checkbox"/> RAMP	<input type="checkbox"/> BEST	<input type="checkbox"/> OTHER (SPECIFY):		
17.	IS I.D. CHECKED AT POINT OF SALE?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

18.	ARE RULES AND REGULATIONS CLEARLY DISPLAYED FOR PATRON'S VIEWING?				<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	WHAT TYPE OF CONTAINER IS THE ALCOHOLIC BEVERAGE SERVED IN?	<input type="checkbox"/> CUP	<input type="checkbox"/> CAN	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> PITCHER
20.	WHAT IS THE SIZE OF THE BEVERAGE SOLD?				OZ
21.	CAN MORE THAN 2 ALCOHOLIC BEVERAGES BE PURCHASED AT ONE TIME?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE EXPLAIN:				
22.	IS THERE A DESIGNATED DRIVER PROGRAM IN EFFECT?				<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE SUBMIT THE FOLLOWING ALONG WITH THIS COMPLETED APPLICATION:	
1.	APPLICATIONS FOR OTHER COVERAGES REQUESTED (IF APPLICABLE)
2.	4-YEAR CURRENTLY VALUED CARRIER LOSS RUNS
3.	CURRENT SCHEDULE OF EVENTS
4.	COPIES OF CONTRACTS WHERE THE INSURED ASSUMES LIABILITY OF OTHERS
5.	COPIES OF CERTIFICATES OF INSURANCE FROM SUBCONTRACTORS

I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL ONLY PROVIDE INSURANCE FOR MOTORSPORTS OPERATIONS AND ANY OTHER APPROVED OPERATIONS SCHEDULED ON THE ISSUED POLICY. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

DATE

SIGNATURE OF INSURED

TITLE

**BY SIGNING ABOVE, I AUTHORIZE REEL RACING MGA, IN ACCORDANCE WITH STATE REGULATIONS, TO OBTAIN, ON MY BEHALF, DETAILED, CURRENTLY VALUED LOSS RUNS FROM ANY AND ALL COMPANIES FROM WHICH I HAVE PREVIOUSLY OBTAINED INSURANCE.**