



# MOTORSPORTS RENEWAL APPLICATION

## General Information

Name of Insured (as it will appear on policy): \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1. Nature of operations/description of event: \_\_\_\_\_

2. Insured is: Corporation  Partnership  Not-for-Profit Club or Assoc.  Person

3. Policy Period Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

4. Estimated number of events and activities: \_\_\_\_\_ (attach schedule)

5. Maximum number of single day attendance: \_\_\_\_\_

6. Total annual attendance (estimated): \_\_\_\_\_

7. Approximate Gross Annual Receipts: \_\_\_\_\_

8. Do you intend to have your non-events operations liability insured on an annual basis or just purchase coverage for only the specific events? Annual: \_\_\_\_\_ Events only: \_\_\_\_\_

9. a) Do your events have alcohol sales? Yes  No   
(If no, skip to Question 10)

b) If yes, are the license and/or sales controlled by you? Yes  No   
(If yes, complete and return the completed and signed liquor application)  
If not licensed and controlled by you, provide a certificate of insurance from the license holder showing your organization as an additional insured.

c) If yes, are there any changes to liquor sales operations from last year?  
Yes  (Complete liquor application) No  Annual liquor sales \$ \_\_\_\_\_

10. What limit of liability do you require? \$1,000,000  \$2,000,000  \$5,000,000

11. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?  
Yes  No  (please explain) \_\_\_\_\_

12. As respects to your operation(s), what types of contracts do you enter into? \_\_\_\_\_

a. Does the named insured assume liability for the other party? Yes  No   
Provide copies of all contracts of this type.

b. Does the other party assume the Named Insured's liability? Yes  No   
Provide certificates of insurance evidencing this.

c. Does each party assume its own liability? Yes  No

13. Any changes to the operations in last year? Yes  No   
If yes, describe: \_\_\_\_\_

14. Any changes to rulebook? Provide updated copy: Yes  No   
If yes, describe: \_\_\_\_\_

15. Any physical changes to your facility in the last year? Yes  No   
If yes, describe: \_\_\_\_\_

16. Do you own the property? Yes  No   
If no, is the lease per:  Event  Season  Annum

17. Do you conduct tuning and testing outside of event days? Yes  No

18. Is all track activity supervised? (test and tunes, practice, etc.) Yes  No

19. Do you have a procedure to ensure that all minor participants have on file the signed parental consent waiver and release? Yes  No

20. Are you aware that all minor participants must read, complete and sign only the minor waiver each time that they participate in a covered program? Yes  No

21. Is a StoneRidge Specialty Insurance approved waiver and release form read, completed and signed by all participants before entering the restricted area and participating in the covered program? Yes  No

22. Type of medical aid St. Johns  Private Ambulance  Public Ambulance   
Other: (describe) \_\_\_\_\_

Track Owned?  Subcontracted?

23. Number of licensed emergency medical attendants (two is minimum)? \_\_\_\_\_

24. Is there a separate vehicle containing the fire and rescue equipment? Yes  No

25. Is fire/rescue equipment track owned?  Fire Department?

26. How many qualified fire and rescue personnel (two is minimum)? \_\_\_\_\_

**ANCILLARY EVENTS**

27. Are you planning any of the following ancillary events or intermission shows? Yes  No

Skydivers  Concerts  Amusement Rides  Fireworks

**Note:** The policies for which you are applying may not provide coverage for the exposures and activities listed above without written confirmation from StoneRidge Specialty Insurance. Additional application and premium may be required. If you require coverage for the exposures and activities listed above, please contact StoneRidge Specialty Insurance.

27. ADDITIONAL INSUREDS

BUSINESS RELATIONSHIP

_____	_____
_____	_____
_____	_____

Please provide the following along with the completed and signed application:

1. Rules and regulations for all classes. (If you are using a sanction body rules and regulations, please advise and you do not have to send the sanction body rules)
2. Schedule of events and activities
3. Completed and signed liquor application (if applicable)
4. Certificates of insurance from subcontractors (if applicable)
5. Contracts for which you have agreed to accept the liability of others
6. Event Location Diagram and if possible, photos. On a separate sheet of paper, draw a diagram of the property and the track identifying: Spectator viewing areas, spectator parking areas, restricted areas, pit areas, barriers, fencing, concessions, restrooms, fire extinguishers, ambulance placement and the distances between the track and nearest crowd control/debris fencing.

I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR PROPERTY AND OPERATIONS FOR UNDERWRITING AND/OR LOSS CONTROL PURPOSES AT ANY TIME. I ALSO UNDERSTAND THAT, BY MAKING AN UNDERWRITING AND/OR LOSS CONTROL SURVEY, OR PROVIDING ANY REPORT OF RECOMMENDATIONS, STONERIDGE SPECIALTY INSURANCE IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR PROPERTY OR OPERATIONS ARE SAFE, OR IN COMPLIANCE WITH ANY STANDARDS, RULES OR REGULATIONS. UNDERWRITING AND/OR LOSS CONTROL SURVEYS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT RELY UPON UNDERWRITING AND/OR LOSS CONTROL SURVEYS OR ACTIVITIES TO DETERMINE THE SAFETY OF OUR PROPERTY OR OPERATIONS AND WE SHALL NOT DIMINISH OR FOREGO OUR OWN SAFETY PRACTICES AND PROCEDURES IN RELIANCE UPON ANY STONERIDGE SPECIALTY INSURANCE SURVEY.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

**THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing above, I authorize StoneRidge Specialty Insurance in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:  
StoneRidge Specialty Insurance  
195 Franklin Boulevard, Suite 6  
Cambridge, Ontario  
N1R 8H3

Telephone: 1-226-318-1744

Fax: 1-905-648-7399

Email: [Motorsport@StoneRidgeInsurance.ca](mailto:Motorsport@StoneRidgeInsurance.ca)