



REGATTA INSURANCE APPLICATION

PROPOSED INSURED

Named Insured: _____
 Event name: _____
 Name of body of water: _____
 City and Province of event site: _____

CONTACT

Name (print): _____
 Day phone: _____ Fax: _____ Email: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

ADDITIONAL INSURED

Name and relationship to the proposed insured event (sponsor, landowner, manager/lessor of premises, government)

1. _____
2. _____
3. _____
4. _____
5. _____

Note: Additional Insureds are subject to underwriting approval; some requests may not be approved.

LIMITS AND CATEGORIES

- A. Liability Limits: \$5,000,000 combined single limit
 B. Participant Accident Limit \$10,000 AD&D; \$20,000 excess participant accident medical

No. of event days: _____ Date(s) of event: _____
 Category: _____
 Amount of Premium: \$ _____

*See Rate Sheet

WARRANTY OF EVENT(S) ACTIVITIES

A copy of all event brochures or schedules **must** accompany this application.

NOTE: Only those events and event-related activities specifically listed in this application, and approved by underwriters will be considered for coverage. ALL OTHER EVENTS AND ACTIVITIES ARE EXCLUDED FROM COVERAGE.

Class and type of event: _____ Date(s): _____

OTHER ACTIVITIES:

Type of Activity: _____	Location: _____	Date: _____
Type of Activity: _____	Location: _____	Date: _____
Type of Activity: _____	Location: _____	Date: _____
Type of Activity: _____	Location: _____	Date: _____

Is this event part of, or in conjunction with, another event?

Yes No

If Yes, name the event:

Name the promoter:

IMPORTANT: Failure to disclose ALL other activities and information on this application may adversely affect your insurance coverage.

UNDERWRITING INFORMATION – Please note: all questions MUST have COMPLETE answers.

A. COURSE – Regatta event diagram and photo sheet must accompany this application.

- 1. Estimate minimum distance from outside course buoy to shoreline viewing areas: _____
- 2. Estimate minimum distance from outside course buoy to spectator fleet (waterborne spectators): _____
- 3. Maximum projected speeds: _____
- 4. Estimated spectator attendance: _____
- 5. Are spectator permitted access to the water for wading or swimming? Yes No
If Yes, when: _____

B. SPECTATOR VIEWING AREAS (dimensions may be estimated)

- 1. Minimum height of land above water's edge: _____
- 2. Degree of land slope from water's edge: _____
- 3. Describe any natural and/or man-made barrier protection between all land viewing areas and water's edge:

- 4. Distance between water's edge and viewing areas: _____
- 5. Type of crowd control fencing: _____
- 6. Does fencing protect spectators from all vertical drop-offs including docks and banks? Yes No
- 7. Does fencing at the top of the banks prevent spectators from sitting on the face of the bank? Yes No
- 8. Are all land viewing areas controlled by the event? Yes No

C. PITS

- 1. Are the hot pits and restricted areas fenced? Yes No
If Yes, describe fencing: _____
If No, describe method for controlling unauthorized entry: _____
- 2. Is each person who enters the hot pits and restricted areas required to sign a waiver? Yes No
If Yes, please explain: _____

- 3. Will there be adequate warnings and notices ("Authorized Personnel Only – No Admittance" and "No Smoking"): Yes No
- 4. Location of fueling area: _____
- 5. Describe fire suppression measures: _____
- 6. Number and type of fire extinguishers on site: _____

1. Will there be ambulance(s) and trained medical personnel on site? Yes No
 If No, please explain: _____

2. What is the distance to the medical facility? _____
3. Who is responsible for and has the authority over crowd control and security (event organizer, municipality, etc.)?

4. Type of security utilized: _____
5. No. of security personnel: Uniformed officers _____ Professional services _____ Volunteers _____
 On-duty officers _____ Off-duty officers _____
6. What is the distance to nearest fire station? _____

PATRON SERVICES

1. Is there any playground equipment provided? Yes No
 If Yes, how is it supervised? _____
Note: Supervision MUST be provided.
2. Will vendors be selling refreshments/products? Yes No
 If yes, attach a list of vendors/products.
3. Are alcoholic beverages permitted on premises? Yes No
4. Will alcohol beverages be sold? Yes No
 If Yes, by whom? _____
 If Yes, liquor liability coverage is mandatory. Please attach a certificate of insurance evidencing that liquor liability with the named insured as additional insureds.
If alcohol beverages are being served or sold by, please complete a separate Liquor Liability Application.
5. Are bleachers/grandstands provided? Yes No
 If Yes, are they: permanent temporary
 If Temporary, under whose authority will they be erected? _____
 What construction material will be used? Wood Steel Aluminum Other _____
 Who will do an inspection to certify safety compliance? _____
6. Are adequate and separate rest rooms provided for males and females? Yes No
 If Yes, are they: Permanent Temporary
7. Are golf cart-type vehicles being used at this event? Yes No
 Are carts being leased? Yes No
Note: Physical damage is not covered for carts or other equipment leased for this event.

CONTRACTS

Certificates of insurance are required from all sub-contractors* of each event naming your organization as an additional insured.

*Examples of sub-contractors include the following: erectors of bleachers, professional security companies, ambulance services, wrecker services, portable restroom services, and vendors selling alcoholic beverages, concessions, or products, etc.

NOTE: NEGLIGENCE BY A SUB-CONTRACTOR CAN CAUSE LOSSES TO YOUR INSURANCE POLICY.

- 1. Are copies of your sub-contractor certificates attached to this application? Yes No
If No, please explain what you are doing to obtain these certificates of insurance.

- 2. Are you required to execute a lease agreement or contract to secure the competition area? Yes No
If Yes, please provide a copy of the agreement/lease with this application.

- 3. Will there be contracted aircraft at this event? Yes No
If Yes, page 5 of this application MUST be completed for non-owned and hired aircraft.

ANCILLARY EVENTS

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

ADDITIONAL INSURED

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

REGATTA EVENT DIAGRAM AND PHOTO SHEET

NOTICE: ACCURATE DETAILED DIAGRAMS OF THE COURSE, PIT, AND ALL SPECTATOR VIEWING AREAS AND ANY OTHER STRUCTURES ADJACENT TO THE COURSE ARE **REQUIRED**. MARK **ALL** DISTANCES. **INCOMPLETE OR UNCLEAR DIAGRAMS WILL NOT BE ACCEPTED**. A DIAGRAM MUST BE SUBMITTED FOR EACH EVENT.

The following items must be clearly identified and shown to scale:

A. COURSE INCLUDING	B. VIEWING AREAS
<ul style="list-style-type: none"> • Total competition lane width • Width of turns • Location of turn markers • Location and number of outside turn markers • Distance from outside markers to shoreline or obstacle(s) extending from shoreline or piers • All restricted areas where general spectator admission is prohibited • Distance to spectator fleet (waterborne spectators) • Length of straights • Length of turns • Location of hot pits • Location of turn boats and emergency boats • Indicate "north" on diagram 	<ul style="list-style-type: none"> • All areas including unauthorized viewing areas located on private property • Barrier between course and viewing areas • Crowd control fencing • Location of spectator fleet(s) including approved viewing line • Location of any vehicular streets/roads including those adjacent to the event • Distance to spectator fleet (waterborne spectators)
C. EVENT SITE PHOTOS	
<ul style="list-style-type: none"> • Take photos at the numbers and in the directions indicated and indicate the location number on each photo submitted • Event photos must be submitted every three years 	

