



MOTORSPORTS FACILITY/ EVENT APPLICATION

General Information

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

Doing Business as: _____ # of Years in Business: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Physical Address: _____

Contact Person: _____ Position: _____

Phone No.: _____ FaxNo.: _____

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 Effective Date: _____ Expiration Date: _____

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

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

6. Do your events have alcohol sales? Yes No
(If no, skip to Question 7)

a. If yes, are the license and/or sales controlled by you? Yes No
(If yes, request and return the completed and signed liquor application)

b. Estimated Alcohol Gross Receipts \$ _____

c. Do you allow spectators to bring alcohol on premise? Yes No

If you allow spectators to bring their own alcohol, please explain the controls: _____

7. 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) _____

8. As respects to your operation(s), what types of contracts do you enter into? (Other than sponsorship and sanction):

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

9. Do you rent out the facility to others? Yes No

a. If yes, is the facility listed as an additional insured under the tenant user's policy? Yes No

b. Is there a system in place for obtaining certificates of insurance when applicable? Yes No

c. If yes, who reviews the certificates on behalf of the named insured? _____

d. If yes, who reviews the certificates on behalf of the named insured? _____

e. What is the minimum limit of general liability coverage requested from each tenant user? _____

10. Maximum Number of single day attendance: _____

11. Total annual attendance (estimated): _____

12. Estimated Annual Gross Receipts: _____

ADDITIONAL INSUREDS

BUSINESS RELATIONSHIP

Note: The event liability policy that we provide automatically provides as additional insured any person or organization engaged in operating, managing, sanctioning or sponsoring the covered program or providing the premises for the covered program including officials of the covered program, any participant, competition vehicle owner and competition vehicle sponsor.

Only list those that have requested to have their names shown on a certificate of insurance. Who is an insured is endorsed to include those mentioned above but only in respects to the liability arising out of the operation(s) or premises owned or rented by the named insured.

UNDERWRITING INFORMATION

1. Does barrier/guardrail protect all spectator areas? Yes No
2. Does barrier/guardrail protect all pit/paddock areas? Yes No
3. Does barrier/guardrail protect all private property? Yes No
4. Does barrier/guardrail protect all worker stations? Yes No
5. Type of barrier/guardrail? Concrete Steel (ARMCO) Other (please describe) _____
6. Are spectators and participants contained behind positive barrier by use of a crowd control fence? Yes No
Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area?
7. Yes No
8. Is pit/paddock area completely fenced from the spectator area? Yes No
9. Is pit road completely fenced? Yes No
10. Height of debris fence? _____ How many strands of cable? _____ Diameter? _____
11. Type of Medical Aid? Private Ambulance Public Ambulance Other (please describe) _____
Track Owned Sub-Contracted
12. Number of licensed emergency medical attendants (two is minimum)? _____
13. Is there a separate vehicle containing fire and rescue equipment? Yes No
14. Is rescue/fire equipment track owned? Fire Department
15. How many qualified fire and rescue personnel (two is minimum)? _____
16. Is all track activity supervised? (test and tunes, practice, etc.) Yes No
17. Are qualified tech inspectors provided? Yes No
18. Is technical inspection part of the event process? Yes No
19. Are approved helmets required? Yes No
20. Maximum age and type of helmet that you approve? Age _____ Type _____
21. Are approved restraint belts required? Yes No
22. Maximum age of approved restraint belts that you approve? _____
23. Are drivers/riders under the age of 16 permitted? Yes No
24. If yes, what class? _____ What is the minimum age? _____
25. What is your minimum age for person(s) in the restricted/pit areas? _____
26. Do you have a procedure to ensure that all minor participants have on file the signed parental consent waiver and release? Yes No
27. Are you aware that minor participants must read, complete and sign only the minor waiver and release? Yes No
28. 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? (Waiver provided upon binding of policy) Yes No
29. Are other releases used in addition to the provided Insurance waiver? Yes No
30. Is the property completely fenced and/or secured from trespassers? Yes No
29. Is playground equipment provided? Yes No
If yes, describe equipment: _____

30. Is there any open water on your immediate property? Yes No
 If yes, how large? _____ How deep? _____
 If yes, is it completely fenced? Yes No
31. Is overnight camping allowed during non-race activities? Yes No
 If yes, do you have hook-ups? Yes No How many? _____
32. Is security on site during all camping hours? Yes No
33. Does the property have and use grandstands? Yes No
 If yes, Permanent? _____ Age? _____ Temporary? _____ Age? _____ Seating Capacity: _____
34. How often are the grandstands inspected for slip/trip/fall and collapse exposures? Per event Other (please describe) _____
35. Distance from spectator area to racing surface _____
36. What type and how many security personnel are provided? Police Employees Volunteers
 Independent Security Company _____ (provide certificate of insurance)
37. Do you subcontract any of the following work or have the following independent contractor? Fuel Tires
 Welding Other Automotive Wrecker Food Vendor Souvenirs
 Fireworks Stunt Performers Portable Toilets Other (please describe) _____
 Please forward certificate of insurance for subcontractors adding your organization as an additional insured.

ANCILLARY EVENTS

- Are you planning any of the following ancillary events or intermission shows? Yes No
 Skydivers Concerts Amusement Rides Fireworks
Other activity. Please describe.....

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.

OVAL TRACK RACING EVENTS

1. Track Length: _____ Dirt Paved Other
2. Events Scheduled: Closed Wheel Open Wheel Enduros Demolition Derby
 Motorcycle/ATV Other _____
3. Are reinforced right front wheels required? Yes No
4. Is rollover protection required on all vehicles? Yes No
 If yes, describe per class: _____
5. Are all doors securely fastened? Yes No

DRAG RACING EVENTS

1. Strip Length: _____ Shut Down Length: _____

2. Surface: Paved Dirt Sand Mud Grass Other: _____
3. How many events are scheduled with the following vehicles?
Blown Alcohol _____ Blown Nitro Methane _____ Jet _____
4. Number of events that have more than 4 of the above vehicles? _____
5. Any events involving motorcycles only? Yes No
6. Do you distribute ear plugs to your spectators? Yes No
7. Are you aware of any local by-laws regarding noise pollution in your area? Yes No
8. What are your regular hours of operation? _____
9. Have you received complaints with regards to noise levels? Yes No
If yes, please provide details: _____
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MOTORCYCLE EVENTS

1. Events Scheduled: Motorcross Flat track Scrambles Road course
Hare & Hound Freestyle Other (describe) _____
-
2. Type of surface: _____
3. Is there a minimum distance of 30 feet between the course edge and the crowd control fencing/barrier protection at all jump areas at all times? Yes No
4. Is there a minimum distance of 20 feet between the course edge and the crowd control fencing/barrier protection at all other areas at all times? Yes No
5. Sanctioned? Yes No Name? _____

ALL OTHER RACING EVENTS/ACTIVITIES

Provide the details on a separate paper. Include the schedule

PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:
Name of insurance company: _____
Policy Expiry date: _____
Policy Limits: _____
Policy Premium: _____
2. Has this type of insurance ever been: Cancelled Declined Non-Renewed
3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):

ADDITIONAL REQUIREMENTS

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 REPLY 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.
1336 Sandhill Drive, Unit 4
Ancaster, Ontario
L9G 4V5

Telephone No.: 226-318-1744
Fax: 905-648-7399
Email: Motorsports@StoneRidgeSpecialty.ca