



# SNOWMOBILE RACING 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.: ( ) \_\_\_\_\_ 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 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 6)

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
7. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area? 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.

#### SNOWMOBILE EVENTS

1. Events Scheduled: Snow Cross  Oval  Drag  Cross Country
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):

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## 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 INSURANCE SPECIALTY 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, Suite 4  
Ancaster, Ontario  
L9G 4V5

Telephone No.: 1-226-318-1744

Fax: 1-905-648-7399

Email: [Motorsports@StoneRidgeSpecialty.ca](mailto:Motorsports@StoneRidgeSpecialty.ca)