



NM

National Motorsports

Please allow two (2) weeks for processing time

MOTORSPORTS EVENT APPLICATION

Phone: 888-470-3966

Fax: 888 -649-0676

Email: applications@nationalmotorsports.com

1539 N. 33rd Place, Suite A, Sheboygan, WI 53081

GENERAL INFORMATION

Name of Insured (as it will appear on policy): _____ # of Years in Business: _____

Doing Business as: _____

Physical Location: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Position: _____

Phone No.: () _____ Fax No.: () _____

Website Address: _____ E-Mail Address: _____

1. Location and description of event(s): _____

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

3. Policy Period Requested: From: _____ To: _____

4. Type of Event: _____

Type(s) of Vehicles Used: _____

Event Dates: _____ (attach schedule)

Practice Dates: _____

Race Dates: _____

Estimated Number of Participants Per Day: _____

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

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.

6. Our standard liability limits are 1 mil per occurrence, please indicate if you need higher limits and what the limits need to be.

\$ _____

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? _____

If no contract skip to question 9.

- 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. Maximum Number of single day attendance: _____

10. Total annual attendance (estimated): _____

11. Annual Gross Receipts (estimated): _____

ADDITIONAL INSUREDS

BUSINESS RELATIONSHIP

_____	_____
_____	_____
_____	_____

12. Is this going to be an AMA sanctioned event? Yes No

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. Are spectators and participants contained behind positive barrier by use of a crowd control fence? Yes No
6. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area? Yes No
7. Is pit/paddock area completely fenced from the spectator area? Yes No
8. Is pit road completely fenced? Yes No
9. Type of Medical Aid? Private Ambulance Public Ambulance
 Other (describe) _____
 Track Owned Sub-Contracted
10. Number of licensed emergency medical attendants (two is minimum)? _____
11. Is there separate vehicles containing fire and rescue equipment? Yes No
12. Is rescue/fire equipment track owned? Fire Department
13. How many qualified fire and rescue personnel (two is minimum)? _____
14. Is all track activity supervised? (test and tunes, practice, etc.) Yes No
15. Are qualified tech inspectors provided? Yes No
16. Is technical inspection part of the event process? Yes No
17. Are approved helmets required? Yes No
18. Maximum age and type of helmet that you approve? Age _____ Type _____
19. Are approved restraint belts required for Side by Side (UTV) and 4x4 vehicles? Yes No
20. Maximum age of approved restraint belts that you approve? _____
21. Are drivers/riders under the age of 16 permitted? Yes No
22. If yes, what class? _____ What is the minimum age? _____
23. What is your minimum age for person(s) in the restricted/pit areas? _____
24. Do you have a procedure to ensure that all minor participants have on file the signed parental consent waiver and release? Yes No
25. Are you aware that minor participants must read, complete and sign only the minor waiver each time they participate in a covered program? Yes No
26. Is a National Motorsports/AMA 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
27. Are other releases used? Yes No

28. Is playground equipment provided? Yes No
 If yes, describe equipment: _____
29. 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
30. Is overnight camping allowed during non-race activities? Yes No
 If yes, do you have hook-ups? Yes No How many? _____
31. Are aircraft (other than Medevac) permitted to land on the premises? Yes No
32. Does the property have and use grandstands or bleachers? Yes No
 If yes, Permanent? _____ Age? _____ Temporary? _____ Age? _____ Seating Capacity: _____
 How often are the grandstands / bleachers inspected? _____
 Do the grandstands/ bleachers have siderails and backrails? Yes No
 Are the grandstand inspected by a third party? (forward copy of latest inspection report/certificate) Yes No
33. What type and how many security personnel are provided? Police Employees Volunteers
 Independent Security Company _____ (provide certificate of insurance)
34. 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?

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 National Motorsports. Additional application and premium may be required. If you require coverage for the exposures and activities listed above, please contact National Motorsports.

MOTORCYCLE/ATV EVENTS

1. Events Scheduled: Motocross 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 30 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.

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 National Motorsports 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, National Motorsports 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 and are not for the benefit of any insured or third party. I understand and 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 National Motorsports 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.

It is understood and agreed that this application shall be attached to and become 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 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.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signature

Date

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



Facility Sketch

Track Name: _____ Date: _____

Very Important: Policies/ certificates/ binder WILL NOT be processed by Underwriter unless a **DETAILED SKETCH** and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

Show Location and Identify: Spectator viewing areas, grandstands, bleachers, pit parking, spectator parking areas, restricted areas, pit areas, competition course, barriers, fences, flagman positions, concessions, restrooms, ambulance, security personnel, **must have distance between course and nearest crowd control fence and direction North. Have all distances marked in feet.**

Pictures Must Be Taken: Between course and any area used by spectators and/or participants, parallel to course and barrier/ fence. (Note direction taken and number photo)

Use Symbols: Please include the following symbols in your diagram.

(S) Security	(A) Ambulance	_____ - _____ - _____	Barrier
(F) Flaggers	(C) Concessions	_____	Fence 5+ ft
(N) North (Indicate the direction of NORTH on diagram)	(R) Rest Rooms	_____	Fence 4 ft
		(O) → Photograph	(Indicate photograph number in circle and position arrow in the direction the photo was taken.)

National Motorsports, for the insuring company, shall be permitted but not obligated to survey the Insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting survey nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of, or for the benefit of, any Insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or helpful, or are in compliance with any engineering standards, rule or regulations. Underwriting surveys are for the sole purpose of determining the insurability of certain property and operations and not safety. The Insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting surveys to determine the safety of its track or operations and shall not diminish or forego its own safety practices and procedures.

I attest that the information provided above is true and complete

Signature of Insured Title Date

★ ★ ★ ATTACH PICTURES PLEASE ★ ★ ★