



2020



MOTORSPORTS FACILITY INSURANCE APPLICATION

I. APPLICANT INFORMATION

Named Insured: _____

Track Name: _____

Address: _____

(Street) (City) (State) (Zip)

Proposed insured is a (check one): Corporation Partnership Individual Other (specify):

Is the proposed insured a subsidiary of another company? Yes No

If yes, name of parent company: _____

Contact person: _____ Position _____

Business Contact _____ Phone _____

Experience of Management: _____

Cell Phone: _____ E-mail _____

Phone: _____ Fax: _____

Website _____

Name of track land owner _____

Is this landowner requiring to be named as an Additional Insured to the policy? Yes No

Please list any entities which are requested to be named as Additional Insureds and your relationship to them:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

How long has track been in business? _____

What type of racing activities will you be holding? _____

What rules package will your organization use? _____

Date of first race or pre-season practice needing coverage is: _____

Approximate number of races your track/organization will run before the end of the year:

Single Event Ten or less 11-20 21-31 Over 30

PLEASE INCLUDE A COPY OF YOUR SCHEDULE WITH THIS APPLICATION

Is your track open for supervised practice during the week? Yes No

If yes, what is the approximate number of weekday practices per month? _____

Check each month you need insurance coverage for practice during the week:

- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> Jun |
| <input type="checkbox"/> Jul | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

II. COVERAGES AND LIMITS

Limit of Liability Requested: \$1M primary General Liability \$2M primary General Liability
 \$3M primary General Liability \$5M primary General Liability

Effective Date: _____

Participation Accident Limit: \$25,000 Accident Medical / \$10,000 Accident Death & Dismemberment

III. TRACK INFORMATION

Location of track: Same as Named Insured Other: _____

UPS Mailing Address: _____

Track Type: Oval Road Course Drag Other _____

Track Length: _____ Track Surface: Asphalt Concrete Dirt Other: _____

Does entrance have gate? Yes No
 How is it secured? Chain? Yes No
 Locked? Yes No
 Open? Yes No

IV. TRACK PROTECTION

BARRIER Concrete Armco Other _____
 Perm Temp

<u>Height</u>	<u>Support Posts</u>	<u>Apart</u>	Dist.	<u>Backed</u>	Earth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Distance to seat/Grandstands: _____

Distance between course and nearest barrier? _____

WHEEL FENCE

<u>Height above Track</u>	<u>Support Posts</u>	<u>Apart</u>	Dist.	<u>YES</u> <u>NO</u>	Anchored
_____	_____	_____	_____	_____	_____

Cable: Yes No Number of Strands: _____ Dimensions of wire: _____

V. PIT AREA

Is each person entering the pit area required to sign an approved Release and Waiver? Yes No

If no, please explain: _____

Are there adequate warnings and notices posted in the pit area forbidding unauthorized entry? Yes No

PIT AREA LOCATION: _____

BARRIER Yes No Concrete Armco

Height Support Posts Apart Distance Earth Backed

Does area have grandstands? Yes No If yes, are there railings on these grandstands? Yes No

INFIELD PIT AREA:

1. Is there guardrail/wall between the pit area and the track? Yes No

2. Is there a crowd control fence to restrict spectators behind guard rail? Yes No

Describe: _____

3. Is there an active Pit Road Yes No

Describe Pit wall: _____

VI. SPECTATOR CONVENIENCES

Grand Stands

W - Wood M - Metal C - Concrete

Seating Capacity _____

Type of Seats Frame Footing Rails Seats Hand Rail
Grandstand W M C W M C Type Yes/No No .Rows High

Grandstand: Frontload Backload

Are spectator areas inspected and checked prior to each event for housekeeping and maintenance? Yes No

Parking Area

On Premises Across Road Distance from Spectator Viewing Area: _____

Paved Dirt Grass

Level Sloped

Free of Obstacles? Yes No

Is Parking Area Security Patrolled? Yes No

Does Parking Area have Sufficient Lighting? Yes No

If no to any question, explain: _____

VII. SECURITY, EMERGENCY, MEDICAL, AND SAFETY PLAN

Number and type of security personnel:

Professional Services: _____ Uniformed Officers Off-Duty: _____ On-Duty: _____ Employees: _____

PROVIDE SECURITY TRAINING MANUAL FOR EMPLOYEES OR CONTRACT WITH PROFESSIONAL)

Gate and Ticket Staff: _____

How many staffed ambulances are on-site during event? _____

Is fire equipment provided? Track Owned? – Type: _____
 Fire Department

Estimated number of extinguishers? _____

Are all known township, city, county, state, and/or federal public building, seating, concessions, and sanitation codes being complied with? Yes No

If no, please explain: _____

Do you permit alcoholic beverages on the premises? Yes No

Are alcoholic beverages sold? Yes No

Are signs posted in high traffic areas or announcements made indicating assumption of risk with regards to parking and racing risks? Yes No

Are all areas available to spectators and participants inspected before each event for slip and fall hazards? Yes No

Are concessions owned/operated by Insured? Yes No

Leased? Yes No

If operated by others, provide a copy of agreement between track and concessionaire with this application.

VIII PLAYGROUNDS

- 1. Are there inflatable in the playground area? YES NO
- 2. Is the playground area supervised at all times? YES NO
- 3. Are parents required to stay with their children? YES NO
- 4. Is this area maintained? YES NO
- 5. Are there warning signs posted at these areas. YES NO

IX. ADDITIONAL EXPOUSURES:

- 1. Does the manager operate the track year round? YES NO
- 2. Are there other events held there (swap meets, etc.)? YES NO

If Yes, Explain: _____

X. WAIVER AND RELEASE

- 1. Are waivers obtained from all participants, both adults and minors? Yes No
- 2. How long are waivers kept on file? _____
- 3. Is the signatory given the opportunity to read and review the waiver? Yes No

XI. CONTRACTUAL

Where subcontractors are utilized, is the proposed named insured listed as an additional insured under the subcontractor's policy? Yes No

Is there a system in place for obtaining certificates of insurance where applicable? Yes No

What is the minimum limit of general liability coverage requested from each subcontractor? _____

XII. WORKERS COMPENSATION:

Is Statutory Workers' Compensation Insurance carried? Yes No

If not, are you a qualified self-insurer? Yes No

XIII. LOSS EXPERIENCE

Please provide copies of loss runs for the previous three (3) years including paid losses and outstanding reserves.

Have you had any participant legal liability claims in the past three years? Yes No

If yes, please describe each claim: _____

Have coverage ever been canceled or non-renewed during the last five (5) years? Yes No

If yes, please explain: _____

XV. TRACK PHOTOGRAPHS AND/OR TRACK DIAGRAM

Photos: Take sharp, concise, color photos of each area as indicated on the diagram below. Please do not submit aerial photos. Photos and/or diagram must be submitted with application.

Label the photos and send them with your application. Do not send photos of unfinished areas.

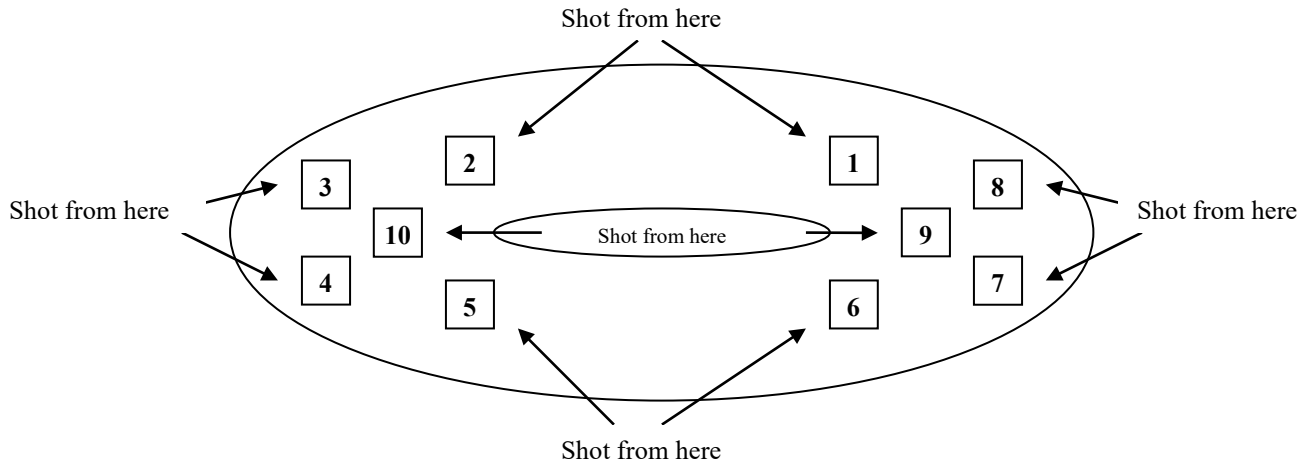


Diagram: Complete a detailed layout in ink on the diagram sheet or on a separate sheet of paper. Organizations intending to run vehicles other than karts must include guardrail height and placement on the diagram.

*Track

Provide a detailed layout of the track showing width of run off areas, location of all permanent structures (poles, trees, rails, walls, etc.), and placement of all protection barriers (hay bales, tires, etc.).

*Pit Areas

Indicate the location of track entrance, track exit, grid area, permanent structures and all other access to pits. Show fencing separating the pit area from the track, and spectator areas by + + + + + + + + + +.

*Spectator Area

Indicate the location of bleachers and other permanent structures. Show fencing separating the spectator area from the track and pit areas by XXXXXXXXXXXXXXXXXXXX.

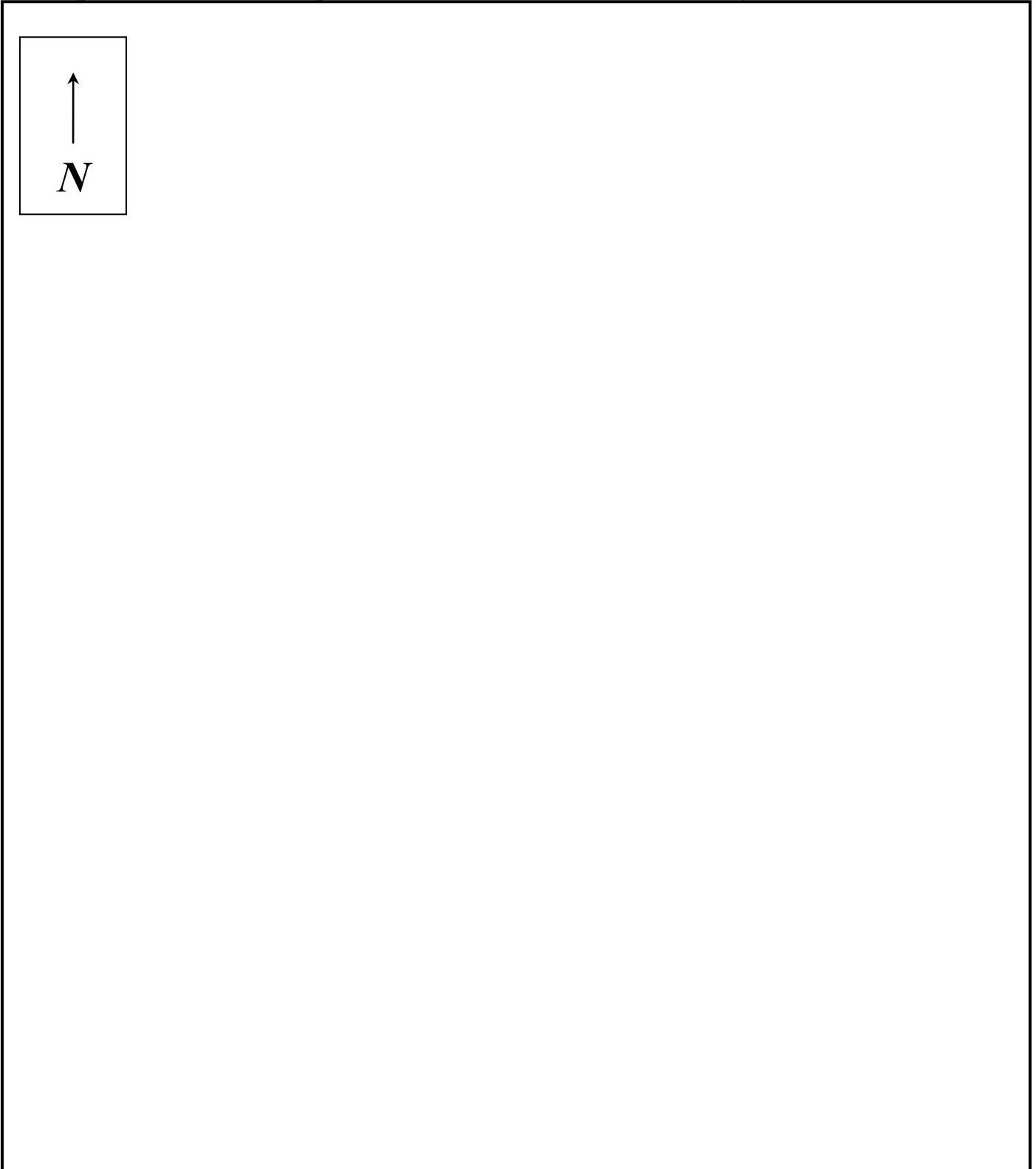
*Parking Area

Indicate the location of entrance / exit and traffic control pattern.

DIAGRAM SHEET

You must complete in ink a detailed, scale drawing of the race course including all participant and spectator areas, crowd control fencing, course barriers, buildings within 200 feet of the course and descriptions of geography on the track property (i.e., drainage ditches, hills, etc.). Coverage is limited to the area pertaining to karting activities. Legal property descriptions may be used.

Show all fences, obstructions, pits, spectator facilities, parking lots, kart entrances and exits onto the track, banked turns, scoring tower, flag stand, hay bales, trees, tires, buildings, and all other pertinent information including direction of travel and light standards. Show all obstructions within 25 feet of the track.



YOU MAY USE THE ABOVE AREA FOR YOUR DIAGRAM OR ATTACH ANOTHER TO THIS APPLICATION.

American Kart Track Promoters Association Inc. for the insuring Company, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof 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 healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS 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. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Date Signature Title

Send Completed form to:

American Kart Track Promoters Association, Inc.
11715 Fox Road Suite 400-191
Indianapolis, IN 46236
Ph: 317-501-3377
Fax: 317-335-2203
Toll Free Fax: 800-646-1392
Email: info@aktpa.com and Copy of Email to gemprou001@aol.com

To Applicant:

Applicant agrees to the following terms and conditions as an AKTPA Member.

1. Provide complete Event Schedule for 2020.
2. Member agrees to report all event activities to the AKTPA office within seven business days.
3. Member accepts full responsibility for accountability and reporting of all Events.
4. Once an event schedule is submitted it becomes a contractual agreement which members are responsible for reporting and or paying based upon the AKTPA rate schedule.
6. It is further understood that all AKTPA membership agreements automatically renew January 1st of each calendar year.
7. Member shall be responsible for all collection service and /or attorneys fees for any unpaid events.
8. All AKTPA Sanctioned Track membership and insurance programs are automatically renewed on January first of each year. In the event a member wishes to cancel his or her membership a thirty day written notice is required to cancel membership and or insurance coverage.

Date _____ Signature _____ Title _____

Generic Fraud Warning Language:

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

NOTICE TO RESIDENTS OF:

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona

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Arkansas

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California

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Connecticut

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Georgia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Idaho

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Illinois

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Indiana

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Iowa

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Kansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts

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Michigan

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Minnesota

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Mississippi

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Missouri

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Montana

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Nevada

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New Hampshire

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York (All Commercial Insurance Except Auto)

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

North Carolina

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

North Dakota

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Ohio

Any person who, with intent to defraud or knowing that he 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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Rhode Island

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South Carolina

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South Dakota

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Tennessee

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Texas

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Utah

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Virginia

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Washington

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Wisconsin

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West Virginia

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Wyoming

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