



2022



# MOTORSPORTS FACILITY RENEWAL INSURANCE APPLICATION

## I. APPLICANT INFORMATION

Named Insured: \_\_\_\_\_

Track Name \_\_\_\_\_

Track 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: \_\_\_\_\_

Federal Tax ID and or Social Security Number: \_\_\_\_\_

Valid Credit Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 Digit Pin: \_\_\_\_\_

Mailing Address for Card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name that appears on Credit Card: \_\_\_\_\_

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 \_\_\_\_\_

What type of racing activities will you be holding? \_\_\_\_\_

What rules package will your organization use? \_\_\_\_\_  
\_\_\_\_\_

Contact Person UPS or Ground Shipping Address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. COVERAGES AND LIMITS**

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

Effective Date: \_\_\_\_\_

**HAVE THERE BEEN ANY CHANGES SINCE YOU COMPLETED YOUR APPLICATION IN 2021?**

**III. TRACK INFORMATION**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**IV. TRACK PROTECTION**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**V. PIT AREA**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**VI. SPECTATOR CONVENIENCES**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**VII. SECURITY, EMERGENCY, MEDICAL, AND SAFETY PLAN**  Yes  No  
If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**VIII. PLAYGROUNDS**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**IX. ADDITIONAL EXPOUSURES:**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**X. WAIVER AND RELEASE**  Yes  No If Yes, please provide explanation.

\_\_\_\_\_  
\_\_\_\_\_

**XI. CONTRACTUAL**  Yes  No If Yes, please provide explanation.

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**XII. WORKERS COMPENSATION:**       Yes    No   If Yes, please provide explanation.

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(Important Please Read)

Individual and or member signing this agreement will be responsible for reporting and paying for all Events, assigned Armbands and or Pit Passes shipped to members address listed on this Renewal Application within 7 business days. Any unused Armband and or Pit Passes not returned and accounted for to the AKTPA office after last event of season will be billed at the highest rate for limit of liability chosen on rate sheet.

Individual and or member signing this agreement shall be responsible for reporting Per Pit Pass or Flat Rate event activities to include: rain outs, practice and or racing events within 7 business days of scheduled events submitted with this application form. Any member who fails to report and pay for events within 30 days will be put on suspension until all events are reported and paid.

An AKTPA sanction agreement must accompany the renewal application along with current year schedule of practice and or race events.

**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**  
**Phone: 317-501-3377**  
**Fax: 800-646-1392 or 317-335-2203**  
**Email: info@aktpa.com**