

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

MOTORSPORT SUPPLEMENT

MUST BE ACCOMPANIED WITH SIGNED ACORD 125 COMMERCIAL INSURANCE APPLICATION

COMPANY INFORMATION:

Named Insured: _____

Doing Business As: _____ Since: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address of Race Track: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Email address: _____

Person Is: Owner Promoter Agent Other: _____

Description of Business / Event: _____

Insured Is: Corporation Partnership Joint Venture Other: _____

What State Is Organization Headquartered / Chartered: _____

Policy Period Being Requested: From _____ To _____

Estimated Number Of Events: _____ Estimated Total Attendance: _____

Additional Insured: _____

Additional Insured Address: _____

Business Relationship with Insured: _____

CURRENT COVERAGE INFORMATION:

Presently Insured With: Allied K & K Other: _____

Liability Limit Coverage: _____ Premium Paid: \$ _____

Participant Accident:
 Medical Limit Coverage: _____
 Primary Excess Premium Paid: _____
 Accidental Death & Dismemberment: _____ Premium Paid: _____

Number of Spectator Liability Claims Past 3 Years: _____ Amount Paid \$ _____
 Number Still Pending: _____ Describe: _____
 Number of Participant Accident claims in the past 3 years: _____ Amount Paid \$ _____
 Number still pending: _____ Describe: _____

Has This Type of Insurance Ever Been: Cancelled Declined Non-Renewed
 If So, Please Explain: _____

Who In Your Organization Reviews The Contracts Prior To Signing?
 Corporate Officer Counsel Other (explain): _____

COVERAGE REQUESTED:

LIABILITY:

Liability Limits: _____

- Tune and Test
- Banquet Liability
- Liquor Liability - Please Complete Supplemental Liquor Application RAC LIQ

PARTICIPANT ACCIDENT:

Accidental Death & Dismemberment: _____

Medical (Excess Only): _____

Deductible: _____

TO BE SIGNED BY PROMOTER:

I hereby warrant that I have established a system for all racing events that secures a properly signed and executed Waiver and Release of Liability Form from all participants.

Signature _____ Date _____

OVAL TRACK FACILITIES

Complete the diagram below, showing the following:

- a. Location of all grandstands / bleachers and all areas where people are admitted.
- b. Pit area location and protection. Show entrance and exit openings from the racing surface.
- c. Location of wheel fences and guard rails.
- d. Location of designated parking areas.
- e. Location of concessions, restrooms, etc.
- f. Location of crowd control fences.



Length of Track _____ Track Surface _____

GUARDRAIL

Material _____ Height _____ Thickness _____

What is the distance (in feet) from the lowest set of seats to the guardrail? _____

Does guardrail protect: Pit area? _____ All spectator areas? _____ All private property? _____

WHEEL FENCE

Fence post material _____ Distance apart _____

Height above the racing surface _____ Type of fence wire _____

Does wheel fence protect: Pit area? _____ All spectator areas? _____ All private property? _____

Does wheel fence have a minimum of three (3) 3/8" diameter cables running the entire length of wheel fence? _____ Are the cables on the track side and secured to each fence pole? _____

SEATING

Seating capacity _____ Average attendance _____

Grandstand construction material _____ Condition _____ Age _____ Handrails _____

Are spectators and / or general admissions: Permitted to sit in parked car to watch race? _____

Permitted in the infield? _____ Permitted in pit area? _____

Are there grandstands in the pit area? _____ Are they protected by guardrail? _____ Wheel fence? _____

Are there any playground or amusement rides on premises? _____

SEATING CONT'D

How many race meets are scheduled in which the following type cars will appear:

Full Body Stock Cars	_____	Open Wheel Stock Cars	_____	Sprint Cars	_____
Winged Sprint Cars	_____	Midgets	_____	Winged Midgets	_____
Go-Kart	_____	Mini-Stocks	_____	Motorcycle	_____
Snowmobile	_____	Other	_____		_____

CHECK IF YES:

- | | |
|---|--|
| <input type="checkbox"/> Do you have a Para-Medic on duty? | <input type="checkbox"/> Ambulance on premises and on duty? |
| <input type="checkbox"/> Track signal lights? | <input type="checkbox"/> All cars have roll bars? |
| <input type="checkbox"/> Fire wall required between driver and gas tank? | <input type="checkbox"/> Shoulder harness and lap belt required? |
| <input type="checkbox"/> Flagman on a well protected stand? | <input type="checkbox"/> Approved crash helmets? |
| <input type="checkbox"/> Qualified Tech inspector? | <input type="checkbox"/> Fire suit and gloves required? |
| <input type="checkbox"/> Mobile fire equipment? | <input type="checkbox"/> Doors securely fastened? |
| <input type="checkbox"/> Stationary fire equipment? | <input type="checkbox"/> Safety or reinforced hubs? |
| <input type="checkbox"/> Do you maintain a pit pass system to identify those persons authorized to be in pit or competition area? | |

DRAG STRIP FACILITIES

Complete the diagram below, showing the following:

- Location of all grandstands / bleachers and all areas where people are admitted.
- Staging area. Burn out area.
- Crowd control fences and guard rails.
- Unprotected light or telephone poles.
- Location of concessions, restrooms, etc.
- Return road, timing booth, scales.
- Pit areas, parking areas.



Length of Track	_____	Track Surface	_____
Width of Track	_____	Length of shut down area	_____
Length of timing zone	_____	Is finish line well marked?	_____

Please indicate what following types of drag racing machines may be competing in scheduled events:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Top Fuel | <input type="checkbox"/> Top Alcohol Dragster | <input type="checkbox"/> Funny Car |
| <input type="checkbox"/> Top Alcohol Funny Car | <input type="checkbox"/> Pro Stock | <input type="checkbox"/> Comp |
| <input type="checkbox"/> Pro Stock Motorcycle | <input type="checkbox"/> ET Brackets | <input type="checkbox"/> Street Legal |
| <input type="checkbox"/> Super Stock | <input type="checkbox"/> Super Street | <input type="checkbox"/> ATV |
| <input type="checkbox"/> Stock | <input type="checkbox"/> Jr. Dragster | <input type="checkbox"/> Trucks |
| <input type="checkbox"/> Super Comp | <input type="checkbox"/> Grudge | <input type="checkbox"/> Quads |
| <input type="checkbox"/> Super Gas | <input type="checkbox"/> Snowmobiles | <input type="checkbox"/> Other _____ |

GUARDRAIL

Material _____ Height _____ Thickness _____
 Is guardrail on both sides of strip? _____ Distance from rail to strip _____ Length of rail _____
 What is the distance (in feet) from the closest crowd control fence to edge of strip? _____

CROWD CONTROL FENCE

Fence post material _____ Distance apart _____ Type of fence wire _____
What is the distance (in feet) from the closest crowd control fence to the edge of the strip? _____
Are there any playground or amusement rides on premises? _____
Are spectators and / or general admissions: Permitted in staging areas? _____
Permitted to park or view in areas not protected by guardrail? _____

SEATING

Seating capacity _____ Average attendance _____
Grandstand construction material _____ Condition _____ Age _____ Handrails _____

CHECK IF YES:

- Do you have a Para-Medic on duty? Ambulance on premises and on duty?
- Fire wall required between driver and gas tank? All cars have roll bars?
- Qualified Tech inspector? Shoulder harness and lap belt required?
- Mobile fire equipment? Approved crash helmets?
- Stationary fire equipment? Doors securely fastened?
- Do you maintain a pit pass system to identify those persons authorized to be in pit or competition area?

Required for applicable classes:

- Safety hubs?
- Flywheel shield?
- Fire Suit and Gloves required?

FOR MOTORCYCLE RACING FACILITIES

Events Scheduled: Motocross Flat Track Scrambles
 Hare Scrambles Road Course Hare & Hound

Type of surface: _____ AMA Sanctioned? Yes No
Is there a minimum distance of 30 feet between the course and the crowd control fencing at all jump areas at all times? Yes No
Is there a minimum distance of 20 feet between the course and crowd control fencing at all other viewing areas? Yes No

FOR ROAD RACING FACILITIES

Events Scheduled: Ride-N-Drives Car Club Drivers Schools/Time Trials
 SCCA Races Non-SCCA Races (include vintage)
 Motorcycles Commercials/Film Shoots
 Go Karts Private Driving School

Any other event not checked above? _____

SECURITY

What type and how many security personnel are provided?
 Sheriff _____ Local Police _____ State/Prov. Police _____ Private _____

Security personnel are hired as: Employees By contract
If by contract, do you require a certificate of insurance from them? Yes No

SUBCONTRACTORS

Do you sub-contract any of the following work or have the following independent contractors?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Tires | <input type="checkbox"/> Welding | <input type="checkbox"/> Other Automotive |
| <input type="checkbox"/> Ambulance/Medical | <input type="checkbox"/> Wrecker | <input type="checkbox"/> Fire Equipment | <input type="checkbox"/> Food Vendor |
| <input type="checkbox"/> Souvenirs | <input type="checkbox"/> Liquor Vendor | <input type="checkbox"/> Fireworks Shooter | <input type="checkbox"/> Stunt Performers |
| <input type="checkbox"/> Portable Toilets | <input type="checkbox"/> Other: _____ | | |

Are certificates of insurance on file from each subcontractor naming your organization as an additional insured?

Yes

No

I hereby apply for the insurance coverage(s) that this application applies to, based on the statements contained herein. I certify that all statements and responses are true. I realize that any misrepresentations may render this Policy, if issued, void, and may nullify all claims presented. I agree that this application does not bind me to accept this insurance, if offered, nor does it bind the Company to accept me as an insured, but if the Company does issue a Binder or Policy of insurance, then I understand that this application forms a warranty to the Policy, and that this application will become a part of the Policy. I agree that any Policy issued may be subject to additional underwriting, i.e. inspections, audits, adjustments of premiums, policy period, and/or deductible amount. I certify that sufficient funds exist to cover my premium payment. In the event that my premium payment is not honored by the bank, I understand that no coverage will be bound or honored. I am aware and understand, and the producer has explained to me, the various limitations and exclusions of the Policy. I have also been advised concerning the Company's information practices as outlined in the applicable Privacy Act below.

I hereby further warrant that I have established, maintained and execute a system for all racing events that secures a properly signed and executed Waiver and Release from Liability form from all participants. Further, I have read all of the questions and answers of this application. I certify that I have inspected, discovered and corrected any defects that might create a risk of harm to spectators, participants, vendors and all other persons who may use my premises. No animals (except Seeing Eye dogs) will be allowed on premises.

The minimum age of any person allowed in the restricted area at my facility will be _____ years. () Initial

Signed _____ Date _____
PROPOSED INSURED TITLE

Signed _____ Date _____
AGENT

The completion and signing of this application does not bind the Company to complete the insurance.

LIQUOR SUPPLEMENTAL APPLICATION – MOTORSPORTS
THIS SECTION ONLY NEEDS TO BE COMPLETED IF REQUESTING LIQUOR COVERAGE

GENERAL INFORMATION

Name Liquor license is in: _____
 Location to be covered (if more than one location is to be covered, a separate application for each location must be completed): _____
 Type of facility or event where liquor will be sold: _____
 Class of liquor license? _____ Liquor License Number _____
 Type of beverages sold? _____
 At what hour does establishment open and close? _____
 At what hour does establishment begin serving alcohol? _____
 At what hour can alcohol no longer be purchased? _____
 Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
 Do you exercise the right of search and seizure of contraband items? Yes No
 If yes, how do you notify the public of this? _____
 Do you maintain security personnel at entry check points? Yes No
 If yes, what type? _____
 Are the alcohol sales and consumption: Contained within one fixed site, or Are booths/stands located throughout the event site?
 Number of bartenders? _____
 Number of employees other than bartenders serving alcohol beverages? _____
 Do servers receive any type of alcohol awareness training? Yes No Please attach training certificates/manuals.
 Number of servers at peak hours? _____
 What are peak hours? _____
 Median age of liquor customers: 21-25 25-30 30-40 40 and over
 Are minors allowed to enter the location where alcohol is being served? Yes No
 If yes, how is underage consumption of alcohol prevented? _____
 Explain how ID's are checked: _____
 Are uniformed police officers present at the site of alcohol sales? Yes No
 If yes, how many? _____
 Are undercover police officers present? Yes No
 If yes, how many? _____
 Are private security officers present? Yes No
 If yes, how many? _____
 Are rules and regulations clearly displayed for patrons viewing? Yes No
 Describe: _____
 In what size of container is the alcoholic beverage served? Cup _____ oz. Pitcher
 Other _____
 Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
 Explain: _____
 Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
 Explain: _____

PREVIOUS CARRIER

Occurrence Claims made – Retro Date: _____
 Previous Policy Term: From _____ to _____
 Previous Limit of Liability: \$ _____
 Previous Policy Premium: \$ _____

BUSINESS HISTORY

Has this establishment and/or applicant ever been charged, cited or fined by an alcoholic beverage control commission or other government regulator?

Charged Cited Fined Does not apply

Other (explain): _____

Describe any liquor liability losses claimed or sustained within the past five years (include loss amount and status of claim) _____

Has applicant ever had either general liability or liquor liability insurance cancelled or refused (for reasons other than class or risk)? Yes No If yes, please explain: _____

Number of years owned and operated by named Insured: _____
If less than five years at this location, describe experience in serving alcoholic beverages.

RECEIPTS

Annual Alcoholic Beverage Sales: \$ _____

Annual Food Sales: \$ _____

Annual other sales receipts (if applicable): \$ _____

Describe other sales receipts (if applicable): _____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed

The completion and signing of this application does not bind the Company to complete the insurance.

