



**MOTORSPORTS  
FACILITY APPLICATION  
For Racing Liability**

**1. APPLICANT INFORMATION**

Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

UPS Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Website Address: \_\_\_\_\_

Insured is:  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

Policy Period Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Nature of operations/description of event: \_\_\_\_\_

**2. OPERATIONS**

Type of Facility:  Oval  Dragstrip  Road Course  Motocross  Karting

**TRACK MANAGEMENT:**

Manager Name: \_\_\_\_\_ Years Managing Facility: \_\_\_\_\_

Other Promotion Experience – Years \_\_\_\_\_ Facility Managed: \_\_\_\_\_

If no promotion experience, racing experience? Years \_\_\_\_\_

**3. COVERAGE REQUESTED – (Check the type of coverage and indicate the limits desired):**

General Liability  Primary Limit \_\_\_\_\_  
 Excess Limit \_\_\_\_\_  
 Legal Liability To Participants \_\_\_\_\_

Participant Accident and Health  AD&D \_\_\_\_\_  
(applicable to Motorsports only)

Primary Medical Limit: \_\_\_\_\_

- Excess Medical Limit: \_\_\_\_\_
- Weekly Disability Income \_\_\_\_\_

Do you currently purchase any of the following insurance coverage's?

- Primary Fireworks Liability
- Workers Compensation
- Property
- Employment Practices Liability
- Commercial Auto
- Crime
- Liquor Liability
- Inland Marine
- Directors & Officers Liability

#### 4. TRACK INFORMATION

##### Ovals

- a. Track Length: \_\_\_\_\_ ○ Dirt ○ Paved ○ Other \_\_\_\_\_
- b. Degree of Banking: \_\_\_\_\_ ○ Low ○ Average ○ High
- c. Events Scheduled: \_\_\_\_\_
  - Closed Wheel
  - Enduros
  - Open Wheel
  - Cycle/ATV
  - Other \_\_\_\_\_
- d. Are reinforced right-front wheels required on all cars\*? \_\_\_\_\_ ○ Yes ○ No  
 (\*Not required for open wheel vehicles.)
- e. Are 4-point roll bars (minimum) required on all cars? \_\_\_\_\_ ○ Yes ○ No
- f. Are all doors securely fastened? \_\_\_\_\_ ○ Yes ○ No

##### Drag Racing

- a. Strip Length: \_\_\_\_\_ Shut Down Length: \_\_\_\_\_
- b. Surface: \_\_\_\_\_ ○ Paved ○ Sand ○ Mud ○ Grass ○ Water
- c. Events scheduled involving more than 10 of the following vehicles:
  - Jets
  - Blown alcohol
  - Blown Nitro Methane
- d. Any events involving cycles only? \_\_\_\_\_ ○ Yes ○ No

##### Road Course

- a. Length of course: \_\_\_\_\_
- b. Can the course be subdivided into shorter courses \_\_\_\_\_ ○ Yes ○ No  
 If yes, what is the length of each course \_\_\_\_\_

#### 5. SAFETY INFORMATION

##### Barriers

TYPE OF BARRIER: Concrete \_\_\_ Highway Steel \_\_\_ Other (explain) \_\_\_\_\_

HEIGHT OF BARRIER: \_\_\_\_\_ Earth Backed: \_\_\_\_\_ ○ Yes ○ No

- a) Does barrier/guardrail protect all spectator areas? \_\_\_\_\_ ○ Yes ○ No
- b) Does barrier/guardrail protect all pit areas? \_\_\_\_\_ ○ Yes ○ No
- c) Does barrier/guardrail protect all private property? \_\_\_\_\_ ○ Yes ○ No
- d) Are spectators and participants contained behind positive barrier by crowd control fence? \_\_\_\_\_ ○ Yes ○ No
- e) Are ancillary spectator areas (parking lots, walkways, etc.) protected with the same minimum barriers and fencing as the main grandstand area? \_\_\_\_\_ ○ Yes ○ No

##### Fencing

HEIGHT OF DEBRIS FENCE: \_\_\_\_\_ Is this fence cantilevered: \_\_\_\_\_ ○ Yes ○ No

HOW MANY STRAND OF CABLE ARE IN THE FENCE: \_\_\_\_\_ SIZE \_\_\_\_\_

- a) Is pit/paddock area completely fenced off from spectator areas? \_\_\_\_\_ ○ Yes ○ No
- b) Is pit road completely fenced? \_\_\_\_\_ ○ Yes ○ No

DISTANCE OF SPECTATOR TO RACING SURFACE: \_\_\_\_\_

## 6. PARTICIPANT EXPOSURES

- a) Is an approved Waiver and Release form read and signed by all participants and other persons permitted in restricted areas used?  Yes  No
- b) Are approved helmets required?  Yes  No
- c) Are trained/certified race vehicle tech inspectors provided?  Yes  No
- d) Are approved restraint belts required?  Yes  No
- e) Are drivers under the age of 16 permitted?  Yes  No

If yes, in what class?

What is minimum age? \_\_\_\_\_

- f) Racing Divisions – All races (i.e. Late Models, Legends, Silver Crown, etc.)  See Attached

Divisions of Racing

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

Est. No. of Competition Vehicles

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

- g) Fuel Tanks on Premises?  Yes  No  
If Yes:  Above Ground  Underground

## 7. EMERGENCY ELEMENTS

### a) Medical Service

- Is a state-certified ambulance on site?  Yes  No
- Are 2 licensed EMTs provided?  Yes  No
- Sub Contracted: Certificate on file?  Yes  No
- Track Owned - Compliant with state requirements:  Yes  No
- NONE - Distance of the nearest Hospital: \_\_\_\_\_ Driving time \_\_\_\_\_  
Will the ambulance service be on call:  Yes  No

- b) Fire Equipment provided?  Yes  No Contracted?  Yes  No  
Explain what equipment is onsite: \_\_\_\_\_

## 8. SPECTATOR EXPOSURES

- a) Grandstands: Age? \_\_\_\_\_ Seating capacity? \_\_\_\_\_ Avg. Weekly Attendance? \_\_\_\_\_  
Composition of Grandstands:  Wood/Metal  Metal/Metal  Concrete  Other (explain) \_\_\_\_\_  
How often are the grandstands inspected:  Weekly  Monthly  Semi Annually  Annually

### b) Parking Area:

- Composition: \_\_\_\_\_  
Accommodates:  Full Capacity  ½ Capacity  ¼ Capacity  
How often inspected:  Weekly  Monthly  Semi Annually  Annually

- b) Playground Equipment:  Yes  No If yes, what type of equipment? \_\_\_\_\_

- c) Overnight Camping: Permitted during non-race activities?  Yes  No  
If yes, do you have hook-ups?  Yes  No No. of spaces: \_\_\_\_\_  
If yes, is security on site during all camping hours:  Yes  No

- d) Open Water: Is there any on your immediate property?  Yes  No  
If yes, how large? \_\_\_\_\_ How deep? \_\_\_\_\_

e) **Concessions:**  None  Facility, provide Sales: \_\_\_\_\_  Sub-Contracted – A/I Cert:  Yes  No

f) **Alcohol:** Sold on premises?  Yes  No If yes, type: \_\_\_\_\_

If yes, has servers been trained in a state alcohol awareness program?  Yes  No

If not, do you allow spectators to bring their own alcohol on premises?  Yes  No

If you allow spectators to bring their own alcohol, explain the controls: \_\_\_\_\_

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## 9. OTHER EXPOSURES

### Security

a) What type and how many security personnel are provided?

Sheriff  Local Police  State/Prov. Police  Private

b) Is Security Armed:  Yes  No

c) Security personnel are hired as:  Employees  By contract

If by contract, do you require a certificate of insurance from them  Yes  No

### Ancillary Activities (including intermission)

- Monster Trucks
- Jet Car Burns
- Amusement Rides
- Other \_\_\_\_\_
- Skydivers
- Coin Tosses
- Fireworks Displays (If yes, use supplemental application)

**Spectator Included in the Activity:**  Yes  No If yes, estimated no: \_\_\_\_\_

### Non-Racing Events (Either on or off premises)

- Swap Meets (Adm. \_\_\_\_\_)
- Trade Shows (Adm. \_\_\_\_\_)
- Driving Schools
- Concerts (Adm. \_\_\_\_\_)
- Mall Shows (Adm. \_\_\_\_\_)
- Other \_\_\_\_\_

Will you subcontract or promote these events yourself? \_\_\_\_\_

### Sub-Contractors

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

Fuel  Tires  Welding  Other Automotive

Wrecker  Souvenirs  Portable Toilets  Other: \_\_\_\_\_

b) Are certificates of insurance on file from each sub-contractor naming your organization as an additional insured?

Yes  No

Name of person responsible for collecting Certificates: \_\_\_\_\_

### Additional Insureds (requested to be included on this insurance)

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**10. GENERAL INFORMATION**

1. Has this type of insurance ever been:  Canceled  Declined  Non-Renewed  
If so, please explain (Not applicable in Missouri) \_\_\_\_\_

2. Does this organization have any other business operations under the name of the insured as it will appear on the policy?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. As respects your operation(s), do you enter any contracts?  Yes  No  
If yes, what contracts do you enter into?

- a. Does the name assured assume liability for the other party?  Yes  No  
IF YES, PLEASE PROVIDE ALL CONTRACTS.
- b. Does the other party assume the named insured's liability?  Yes  No  
IF YES, PLEASE PROVIDE A SAMPLE OF THIS.
- c. Does each part assume its own liability?  Yes  No

4. Who reviews the contracts prior to signing?  
 Corporate Officers  Counsel  Other (explain) \_\_\_\_\_

PRIOR CARRIER INFORMATION - PROVIDE 3 YEARS CURRENTLY VALUED HARD LOSS RUNS.

Year	Previous Agent	Company	Liability Limits	Premium	Losses

**PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY (IES)**

I understand that the insured company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

By signing above, I authorize WSIB Motorsports Insurance, LLC, in accordance with state regulations, to obtain, on my behalf, detailed 5 year loss runs from any and all companies from which I have obtained insurance.

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**Applicant's Signature**

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**Producer's Signature**

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**Applicant's Name (print)**

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**Producer's Name (print)**

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**Date (MM/DD/YY)**

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**Date (MM/DD/YY)**