



# EVENT LIABILITY APPLICATION

*(Not Operating a Permanent Facility)*

## 1. APPLICANT INFORMATION

Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Insured is:  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_  
Policy Period Requested: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Nature of operations/description of event: \_\_\_\_\_

## 2. OWNER & MANAGEMENT

Owners Name: \_\_\_\_\_ Years Owning this Business: \_\_\_\_\_  
Other Promotion Experience: \_\_\_\_\_ Years: \_\_\_\_\_  
If no Experience, Racing Experience?: \_\_\_\_\_ Years: \_\_\_\_\_

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

Is the Applicant responsible for the Event Activities?  Yes  No  
Is coverage for a Physical Office needed?  Yes  No Square Footage: \_\_\_\_\_  
General Liability Limit: \_\_\_\_\_ Excess Liability Limit: \_\_\_\_\_  
Accidental Death & Dismemberment:  
 \$5,000  \$10,000  \$15,000  \$20,000  \$25,000  Other: \_\_\_\_\_  
Medical Excess:  
 \$10,000  \$15,000  \$20,000  \$25,000  \$50,000  Other: \_\_\_\_\_  
Weekly Indemnity: \_\_\_\_\_ Primary Medical: \_\_\_\_\_  
Do you currently purchase any of the following insurance coverage's?  
 Crime  Employment Practices Liability  Liquor Liability  
 Inland Marine  Commercial Auto  Workers Compensation  
 Property  Primary Fireworks Liability  Directors & Officers Liability

**WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202**  
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It is understood that the Insurance 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.



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## 4. EVENT INFORMATION

Are the Events operated at a single location or multiple locations?  Single  Multiple

If Multiple what States? \_\_\_\_\_

Types of Event the Insured will operate at:

Racing  Driving School  Arrive & Drive  Other Please Explain: \_\_\_\_\_

Types of Venues the Insured will operate at:

Road Course  Drag Strip  Kart Track  Oval  Motocross

AutoX/Skid Pad  Other Please Explain: \_\_\_\_\_

### Ovals:

Dirt  Paved  Other: \_\_\_\_\_

Events Scheduled:  Closed Wheel  Open Wheel  Cycle/ATV  Other: \_\_\_\_\_

Are reinforced right-front wheels required on all cars (except Open Wheel)?  Yes  No

Are 4-point roll bars (minimum) required on all cars?  Yes  No

Are all doors securely fastened?  Yes  No

## 5. SAFETY INFORMATION

### Barriers:

Type of Barrier:  Concrete  Steel (ARMCO)  Other: \_\_\_\_\_

Height of Barrier: \_\_\_\_\_ Earth Backed?:  Yes  No

Does barrier/guardrail protect all spectator areas?:  Yes  No

Does barrier/guardrail protect all pit areas?:  Yes  No

Does barrier/guardrail protect all private property?:  Yes  No

Are spectators and participants contained behind positive barrier?  Yes  No

Are ancillary spectator areas (parking lots, walkways, etc.) protected with the same minimum barriers and fencing as the main grandstand area?  Yes  No

### Fencing:

Is pit/paddock area completely fenced off from spectator areas?  Yes  No

Is pit road completely fenced?  Yes  No

Height of Debris Fence: \_\_\_\_\_ Is this fence cantilevered:  Yes  No

How many strands of Cable are in the Fence: \_\_\_\_\_ Diameter: \_\_\_\_\_

Distance from Spectator Area to Racing Surface: \_\_\_\_\_

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## 6. PARTICIPANT EXPOSURES

Are approved Waiver and Release forms read and signed by all persons permitted in restricted areas used?:  Yes  No

Are approved helmets required?:  Yes  No

Are trained/certified race vehicle tech inspectors provided?:  Yes  No

Are approved restraint belts required (SFI or FIA)?:  Yes  No

Are Fuel Tanks on Premises?:  Yes  No

If Yes are Tanks:  Above Ground  Underground  55 Gallon Drums

Are drivers under the age of 18 permitted?:  Yes  No

If yes, in what class?: \_\_\_\_\_ What is minimum age to participate in any class?: \_\_\_\_\_

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

Class: \_\_\_\_\_ Avg # Participants per Event: \_\_\_\_\_ Number of Events per Year: \_\_\_\_\_

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## 7. EMERGENCY ELEMENTS

### Medical Service:

Is a state-certified Ambulance On-Site?  Yes  No Are 2 licensed EMTs on site?  Yes  No

Is the Ambulance Sub Contracted?  Yes  No Certificate on file?  Yes  No

Is the Ambulance Track Owned?  Yes  No Compliant with state requirements?  Yes  No

Will the ambulance service be on call?  Yes  No Is there a Medical Center at the Track?  Yes  No

Distance of the nearest Hospital: \_\_\_\_\_ Driving time: \_\_\_\_\_

### Fire Equipment:

Is Fire Fighting Equipment On-Site at the Track?  Yes  No

Are the Fire Personnel and Equipment Contracted?  Yes  No

Explain what equipment is onsite: \_\_\_\_\_

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## 8. SPECTATOR EXPOSURES

### Grandstands:

How often are the grandstands inspected:  Temporary  Permanent

### Camping:

Overnight Camping permitted during non-race activities?  Yes  No

Do you have hook-ups for Motor Homes?  Yes  No No. of spaces: \_\_\_\_\_

Is security on site during all camping hours:  Yes  No

### Concessions:

Is the Insured Responsible?  Yes  No

None  Facility Operated - Sales: \_\_\_\_\_  Sub-Contract w/COI  Sub-Contract w/out COI

### Alcohol:

Is the Insured Responsible?  Yes  No

Sold on premises?  Yes  No Have servers been trained in a state alcohol awareness program?  Yes  No

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: \_\_\_\_\_

### Security:

Is the Insured Responsible?  Yes  No

What type and how many security personnel are provided?

None  Sheriff  Local Police  State/Prov. Police  Private

Is Security Armed:  Yes  No

Security personnel are hired as:  Employees  By contract

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

## 9. OTHER EXPOSURES

### Ancillary Activities (including intermission):

Monster Trucks  Skydivers  Stunt Performers  Jet Car Burns  Coin Tosses

Kids Bike Races  Amusement Rides  Fireworks Displays (If yes, use supplemental application)

Other: \_\_\_\_\_

Are Spectators Included in the Activity:  Yes  No If yes, estimated no: \_\_\_\_\_

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## 9. OTHER EXPOSURES (cont)

**Non-Racing Events** (Either on or off premises):

Swap Meets (Adm. \_\_\_\_\_)  Concerts (Adm. \_\_\_\_\_)  Trade Shows (Adm. \_\_\_\_\_)

Mall Shows (Adm. \_\_\_\_\_)  Driving Schools  Other: \_\_\_\_\_

Will you subcontract or promote these events yourself?  Yes  No

**Sub-Contractors:** 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: \_\_\_\_\_

Are certificates of insurance on file from each sub-contractor naming you as an additional insured?  Yes  No

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

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

Legal Name	Interest

## 10. GENERAL INFORMATION

Has this type of insurance ever been:  Canceled  Declined  Non-Renewed

If so, please explain (Not applicable in Missouri): \_\_\_\_\_

Does this organization have any other operations under the name of the insured as it will appear on the policy?  Yes  No

If yes, please explain: \_\_\_\_\_

As respects your operation(s), do you enter any contracts?  Yes  No

If yes, what contracts do you enter into?: \_\_\_\_\_

Does the name assured assume liability for the other party?  Yes  No

IF YES, PLEASE PROVIDE ALL CONTRACTS.

Does the other party assume the named insured's liability?  Yes  No

IF YES, PLEASE PROVIDE A SAMPLE OF THIS.

Does each part assume its own liability?  Yes  No

Who reviews the contracts prior to signing?  Corporate Officers  Counsel  Other: \_\_\_\_\_

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## 11. PRIOR CARRIER INFORMATION - PROVIDE 3 YEARS CURRENT & VALID LOSS RUNS.

Year	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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

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