



FACILITY & EVENT LIABILITY APPLICATION

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. OPERATIONS

Types of Venues on the Premises:
 Road Course Drag Strip Kart Track Oval Motocross
 AutoX/Skid Pad Other Please Explain: _____

3. TRACK MANAGEMENT:

Manager Name: _____ Years Managing this Facility: _____
Other Facility Managed: _____ Years: _____
Other Promotion Experience: _____ Years: _____
If no Experience, Racing Experience?: _____ Years: _____

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

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
www.wsibinsurance.com

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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5. TRACK INFORMATION

Ovals:

Track Length: _____ Dirt Paved Other: _____

Degree of Banking: Low Average High

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

Road Course:

Track Length: _____ Can the course be subdivided into shorter courses? Yes No

If yes, what is the length of each course?: _____

Drag Racing:

Strip Length: _____ Shut Down Length: _____

Surface: Paved Sand Mud Grass

Any events with the following vehicles: Jets Blown Alcohol Blown Nitro Methane

Any events involving Motorcycles only? Yes No

6. 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

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6. SAFETY INFORMATION (cont.)

How many strands of Cable are in the Fence: _____ Diameter: _____

Distance from Spectator Area to Racing Surface: _____

7. 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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8. 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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9. SPECTATOR EXPOSURES

Grandstands:

Age? _____ Seating capacity? _____ Avg. Weekly Attendance? _____

Composition of Grandstands: Wood/Metal Metal/Metal Concrete Other: _____

How often are the grandstands inspected: Weekly Monthly Semi Annual Annually

Parking Area:

Composition: Paved Gravel Grass - Dirt Other: _____

Accommodates: Full Capac ½ Capacity ¼ Capacity

How often inspected: Weekly Monthly Semi Annually Annually

Playground Equipment: Is there Playground Equipment On-Site at the Track? Yes No

If yes, what type of equipment? _____

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

Open Water:

Is there any Open Water on your immediate property? Yes No

If yes, how large?: _____ How deep?: _____

Concessions:

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

Alcohol:

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

Do you allow spectators to bring there own alcohol on premises? Yes No

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

Security:

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

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10. 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: _____

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

11. 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.

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11. GENERAL INFORMATION (cont.)

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: _____

12. 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)

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