



MOTORSPORTS EVENT APPLICATION

Phone: 888-470-3966 Fax: 888-649-0676
Email: applications@nationalmotorsports.com
3319 Behrens Parkway Sheboygan, WI 53081

Please allow two (2) weeks for processing time

GENERAL INFORMATION

Name of Insured (as it will appear on policy): _____ # of Years in Business: _____

Doing Business as: _____

Physical Location: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Position: _____

Phone No.: () _____ Fax No.: () _____

Website Address: _____ E-Mail Address: _____

1. Location and description of event(s): _____

2. Insured is: Corporation Partnership Not-for-Profit Club or Assoc. Person

3. Policy Period Requested: From: _____ To: _____

4. Type of Event: _____

Type(s) of Vehicles Used: _____

Event Dates: _____ (attach schedule)

Practice Dates: _____

Race Dates: _____

Estimated Number of Participants Per Day: _____

5. Do your events have alcohol sales? Yes No
(If no, skip to Question 7)

If yes, are the license and/or sales controlled by you? Yes No
(If yes, complete and return the completed and signed liquor application)

If not licensed and controlled by you, provide a certificate of insurance from the license holder showing your organization as an additional insured.

6. Our standard liability limits are 1 mil per occurrence, please indicate if you need higher limits and what the limits need to be.

\$ _____

7. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
Yes No (please explain) _____

8. As respects to your operation(s), what types of contracts do you enter into? _____

If no contract skip to question 9.

- a. Does the named insured assume liability for the other party? Yes No
Provide copies of all contracts of this type.
- b. Does the other party assume the Named Insured's liability? Yes No
Provide certificates of insurance evidencing this.
- c. Does each party assume its own liability? Yes No

9. Maximum Number of single day attendance: _____

10. Total annual attendance (estimated): _____

11. Annual Gross Receipts (estimated): _____

ADDITIONAL INSUREDS

BUSINESS RELATIONSHIP

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

12. Is this going to be an AMA sanctioned event? Yes No

Note: The event liability policy that we provide automatically provides as additional insured any person or organization engaged in operating, managing, sanctioning or sponsoring the covered program or providing the premises for the covered program including officials of the covered program, any participant, competition vehicle owner and competition vehicle sponsor.

Only list those that have requested to have their names shown on a certificate of insurance. Who is an insured is endorsed to include those mentioned above but only in respects to the liability arising out of the operation(s) or premises owned or rented by the named insured.

UNDERWRITING INFORMATION

1. Does barrier/guardrail protect all spectator areas? Yes No
2. Does barrier/guardrail protect all pit/paddock areas? Yes No
3. Does barrier/guardrail protect all private property? Yes No
4. Does barrier/guardrail protect all worker stations? Yes No
5. Are spectators and participants contained behind positive barrier by use of a crowd control fence? Yes No
6. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area? Yes No
7. Is pit/paddock area completely fenced from the spectator area? Yes No
8. Is pit road completely fenced? Yes No
9. Type of Medical Aid? Private Ambulance Public Ambulance
 Other (describe) _____
 Track Owned Sub-Contracted
10. Number of licensed emergency medical attendants (two is minimum)? _____
11. Is there separate vehicles containing fire and rescue equipment? Yes No
12. Is rescue/fire equipment track owned? Fire Department
13. How many qualified fire and rescue personnel (two is minimum)? _____
14. Is all track activity supervised? (test and tunes, practice, etc.) Yes No
15. Are qualified tech inspectors provided? Yes No
16. Is technical inspection part of the event process? Yes No
17. Are approved helmets required? Yes No
18. Maximum age and type of helmet that you approve? Age _____ Type _____
19. Are approved restraint belts required for Side by Side (UTV) and 4x4 vehicles? Yes No
20. Maximum age of approved restraint belts that you approve? _____
21. Are drivers/riders under the age of 16 permitted? Yes No
22. If yes, what class? _____ What is the minimum age? _____
23. What is your minimum age for person(s) in the restricted/pit areas? _____
24. Do you have a procedure to ensure that all minor participants have on file the signed parental consent waiver and release? Yes No
25. Are you aware that minor participants must read, complete and sign only the minor waiver each time they participate in a covered program? Yes No
26. Is a National Motorsports/AMA approved waiver and release form read, completed and signed by all participants before entering the restricted area and participating in the covered program? Yes No
27. Are other releases used? Yes No

28. Is playground equipment provided? Yes No
 If yes, describe equipment: _____
29. Is there any open water on your immediate property? Yes No
 If yes, how large? _____ How deep? _____
 If yes, is it completely fenced? Yes No
30. Is overnight camping allowed during non-race activities? Yes No
 If yes, do you have hook-ups? Yes No How many? _____
31. Are aircraft (other than Medevac) permitted to land on the premises? Yes No
32. Does the property have and use grandstands or bleachers? Yes No
 If yes, Permanent? _____ Age? _____ Temporary? _____ Age? _____ Seating Capacity: _____
 How often are the grandstands / bleachers inspected? _____
 Do the grandstands/ bleachers have siderails and backrails? Yes No
 Are the grandstand inspected by a third party? (forward copy of latest inspection report/certificate) Yes No
33. What type and how many security personnel are provided? Police Employees Volunteers
 Independent Security Company _____ (provide certificate of insurance)
34. Do you subcontract any of the following work or have the following independent contractor? Fuel Tires
 Welding Other Automotive Wrecker Food Vendor Souvenirs
 Fireworks Stunt Performers Portable Toilets Other (please describe) _____
 Please forward certificate of insurance for subcontractors adding your organization as an additional insured.

ANCILLARY EVENTS

Are you planning any of the following ancillary events or intermission shows?

Skydivers Concerts Amusement Rides Fireworks

Note: The policies for which you are applying may not provide coverage for the exposures and activities listed above without written confirmation from National Motorsports. Additional application and premium may be required. If you require coverage for the exposures and activities listed above, please contact National Motorsports.

MOTORCYCLE/ATV EVENTS

1. Events Scheduled: Motocross Flat track Scrambles Road course
Hare & Hound Freestyle Other (describe) _____
-
2. Type of surface: _____
3. Is there a minimum distance of 30 feet between the course edge and the crowd control fencing/barrier protection at all jump areas at all times? Yes No
4. Is there a minimum distance of 30 feet between the course edge and the crowd control fencing/barrier protection at all other areas at all times? Yes No
5. Sanctioned? Yes No Name? _____

ALL OTHER RACING EVENTS/ACTIVITIES

Provide the details on a separate paper.

PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:
Name of insurance company: _____
Policy Expiry date: _____
Policy Limits: _____
Policy Premium: _____
2. Has this type of insurance ever been: Cancelled Declined Non-Renewed
3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):

ADDITIONAL REQUIREMENTS

Please provide the following along with the completed and signed application:

- 1. Rules and regulations for all classes.** (If you are using a sanction body rules and regulations, please advise and you do not have to send the sanction body rules)
- 2. Schedule of events and activities**
- 3. Completed and signed liquor application** (if applicable)
- 4. Certificates of insurance from subcontractors** (if applicable)
- 5. Contracts for which you have agreed to accept the liability of others**
- 6. Event Location Diagram and if possible, photos.** On a separate sheet of paper, draw a diagram of the property and the track identifying: Spectator viewing areas, spectator parking areas, restricted areas, pit areas, barriers, fencing, concessions, restrooms, fire extinguishers, ambulance placement and the distances between the track and nearest crowd control/debris fencing.

I understand that National Motorsports for the insuring company is permitted but not obligated to survey our property and operations for underwriting and/or loss control purposes at any time. I also understand that, by making an underwriting and/or loss control survey or providing any report of recommendations, National Motorsports is not undertaking, on behalf of, or for our benefit (or others), to determine whether our property or operations are safe, or in compliance with any standards, rules or regulations. Underwriting and/or loss control surveys are for the sole purpose of determining the insurability of certain property and operations and are not for the benefit of any insured or third party. I understand and shall not rely upon underwriting and/or loss control surveys or activities to determine the safety of our property or operations and we shall not diminish or forego our own safety practices and procedures in reliance upon any National Motorsports survey.

I understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct.

It is understood and agreed that no insurance is in effect until this application is accepted by the Company or Companies in writing.

It is understood and agreed that this application shall be attached to and become part of any policy, should a policy be issued as a result of this application. The application shall be deemed a schedule to such policy, but signing of this application does not bind the applicant or the insurer unless and until a policy of insurance is issued in response to this application.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signature

Date

By signing above, I authorize National Motorsports, in accordance to provincial regulations, to obtain on my behalf, detailed five year loss runs from any and all companies from which I have obtained insurance.



**NOTICE OF OFFER OF COVERAGE FOR “ACTS OF TERRORISM”
DISCLOSURE OF PREMIUM AND DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF
LOSSES ARISING FROM CERTIFIED “ACTS OF TERRORISM.”**

APPLICANT/ INSURED’S NAME:

APPLICANT’S / INSURED’S CITY & STATE:

QUOTE TYPE (Please Check One): **General Liability** **Excess / Umbrella**

QUOTE (TODAY’S) DATE:

UNDERWRITER’S NAME:

The Terrorism Risk Insurance Act of 2002 (“Program”) established a program within the United States Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future “acts of terrorism,” as defined in the Act. The Act defined an “act of terrorism” as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States: (1) to be an act of terrorism; (2) to be a violent act, or an act that is dangerous to human life, property or infrastructure; (3) to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and (4) to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or to affect the conduct of the United States Government by coercion. Additionally, to be certified, an “act of terrorism” must cause aggregate property and casualty insurance losses of at least five million dollars.

The Terrorism Risk Insurance Extension Act of 2005 (“Extension Act”), signed into law by the President on December 22, 2005, extended the “Program” through December 31, 2007 by adding Program Year 4 (January 1 – December 31, 2006) and Program Year 5 (January 1 – December 31, 2007). Please note that the “Extension Act” created a new “Program Trigger” for any certified act of terrorism occurring after March 31, 2006, that prohibits payment of Federal compensation by Treasury unless the aggregate industry insured losses resulting from that act of terrorism exceed \$50 million for Program Year 4 and \$100 million for Program Year 5.

The Terrorism Risk Insurance Program Reauthorization Extension Act of 2007 (“the Act”), signed into law by the President on December 26, 2007, extends the “Program” for an additional seven years through December 31, 2014. One of the changes made to TRIA with the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007 was a revision to the definition of an act of terrorism that eliminated the requirement that an individual or individuals that carry out an act of terrorism be acting on behalf of a foreign person or foreign interest. Section 102(1)(A) now defines an *act of terrorism* for purposes of the Act to be any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and Attorney General of the United States – (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to – (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of – (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or effect the conduct of the United States Government by coercion. Section 102(1)(B) states, “No act shall be certified by the Secretary as an act of terrorism if – (i) the act is committed as part of the course of a war declared by Congress, except that this clause shall not apply with respect to any coverage for workers’ compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000.” Section 102(1)(C) and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone. The Terrorism Risk Insurance Act, as amended, contains in Section 103(1)(B) a program trigger of \$100 million in aggregate industry insured losses resulting from a certified act of terrorism before federal reimbursement is triggered.



APPLICANT/ INSURED'S NAME:

APPLICANT'S / INSURED'S CITY & STATE:

QUOTE (TODAY'S) DATE:

In accordance with these Acts, you have the right to purchase or reject coverage for losses resulting from a certified "act of terrorism." The premium charge to purchase this coverage is set forth below. If you wish to purchase this coverage, please indicate that choice by marking the appropriate box below, sign and date this disclosure notice, and return it to us no later than the effective date of the general liability policy we will be providing you. **Your policy will then be written to include a Terrorism Exclusion; however, this Terrorism Exclusion will not apply to "acts of terrorism" certified by The United States Government.**

If you do not wish to purchase coverage for "Certified Acts of Terrorism," you may reject the coverage by marking the appropriate box below and signing and returning this form to us, again no later than the effective date of the general liability policy we will be providing you. Your policy will then be written to exclude **any losses arising from acts of terrorism, whether certified or non-certified by The United States Government.**

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF LOSSES ARISING FROM CERTIFIED "ACTS OF TERRORISM."

The United States Government will pay a share of any losses arising from certified "acts of terrorism." The Government's share equals 85% of the portion of the amount of such losses that exceed a statutorily established deductible paid by us, as defined in the Terrorism Risk Insurance Program Reauthorization Act of 2007. **Further, Section 103(e)(2) of the Terrorism Risk Insurance Program Reauthorization Act of 2007 requires clear and conspicuous notice to policyholders of the existence of a \$100,000,000,000 cap.** The premium set forth below for coverage for losses arising from certified "acts of terrorism" does not include any charges for the portion of loss covered by the Government under the Act.

DISCLOSURE OF PREMIUM AND SELECTION OR REJECTION OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

REQUEST TO PURCHASE "PROGRAM" COVERAGE AT FULL GENERAL LIABILITY POLICY LIMITS.

I hereby elect to purchase coverage for losses arising from "Certified Acts of Terrorism." I understand that the premium quote of \$ _____ for this coverage is tentative pending final approval by the Insurer. **I also understand that the Terrorism Risk Insurance Program Reauthorization Act of 2007 reaffirmed the existence of a \$100,000,000,000 annual program cap.**

REQUEST TO REJECT "PROGRAM" COVERAGE. I hereby reject coverage for losses arising from certified

"acts of terrorism." I understand that an exclusion of terrorism losses will be part of this policy.

Policyholder's / Applicant's Signature

Date



Facility Sketch

Track Name: _____ Date: _____

Very Important: Policies/ certificates/ binder WILL NOT be processed by Underwriter unless a **DETAILED SKETCH** and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

Show Location and Identify: Spectator viewing areas, grandstands, bleachers, pit parking, spectator parking areas, restricted areas, pit areas, competition course, barriers, fences, flagman positions, concessions, restrooms, ambulance, security personnel, **must have distance between course and nearest crowd control fence and direction North. Have all distances marked in feet.**

Pictures Must Be Taken: Between course and any area used by spectators and/or participants, parallel to course and barrier/ fence. (Note direction taken and number photo)

Use Symbols: Please include the following symbols in your diagram.

| | | | |
|---|------------------------|-------------------------|---|
| (S) Security | (A) Ambulance | _____ - _____ - _____ | Barrier |
| (F) Flaggers | (C) Concessions | _____ | Fence 5+ ft |
| (N) North (Indicate the direction of NORTH on diagram) | (R) Rest Rooms | _____ | Fence 4 ft |
| | | (O) → Photograph | (Indicate photograph number in circle and position arrow in the direction the photo was taken.) |

National Motorsports, for the insuring company, shall be permitted but not obligated to survey the Insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting survey nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of, or for the benefit of, any Insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or helpful, or are in compliance with any engineering standards, rule or regulations. Underwriting surveys are for the sole purpose of determining the insurability of certain property and operations and not safety. The Insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting surveys to determine the safety of its track or operations and shall not diminish or forego its own safety practices and procedures.

I attest that the information provided above is true and complete

Signature of Insured Title Date

★ ★ ★ ATTACH PICTURES PLEASE ★ ★ ★



Phone: 888-470-3966 Fax: 888-649-0676
Email: applications@nationalmotorsports.com
3319 Behrens Parkway, Sheboygan, WI 53081

PHOTO AGREEMENT

Because of stringent underwriting guidelines, we must have appropriate photographic proof that events covered were held in accordance with risk management guidelines as established by National Motorsports Insurance and our underwriters. This document of understanding is being signed in agreement by those parties interested in obtaining coverage for Motorsports events, club and trail riding policies, and/or annual practice policies.

By signing below, the promoter and /or event holder agrees to send photos of the following areas:

- | | | |
|---|---|--|
| <input type="checkbox"/> Spectator Area* | <input type="checkbox"/> Pit Area* | <input type="checkbox"/> Parking Area |
| <input type="checkbox"/> Concession Area | <input type="checkbox"/> Waiver Area / Booths* | <input type="checkbox"/> Barriers |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Displayed Signs | <input type="checkbox"/> Bleachers / Stands* |
| <input type="checkbox"/> Flagging Location / Stands* | <input type="checkbox"/> Entrance Gate while locked | |
| <input type="checkbox"/> Track (include riders during event)* | <input type="checkbox"/> Ambulance / First Aid Station during event | |

*: Denotes photos needed before event **and** while event is taking place.

Without evidence that events covered were constructed and held within guidelines, National Motorsports Insurance and its carriers will not be able to insure future events.

Photos need to be in the Sheboygan office no later than 7 days after the event and **cannot** be sent by fax. Please mark by photo what the picture is displaying.

I have read and understand this agreement:

Name (printed): _____

Name (signed): _____

Date: _____

Proposed Date of Event: _____

3319 Behrens Parkway
Sheboygan, WI 53081
Phone (920) 694-0581
Fax (888) 649-0676
Toll free: (888) 470-3966



To: Cover X - FM

Date:

Re: Insured's No Loss Statement

I _____ testify that _____ * did not experience any claims or incidents between the dates of _____ ** and today's date shown above. Any exceptions are noted below.

Our organization began operations on _____.

Signed _____

Print Name _____

Date _____

Title _____

*Name of Insured

****Indicate a date five years ago or the date you started business / operations. In addition, please contact your prior carrier for a five year "loss run" and send to National Motorsports Insurance, or complete the attached form: "Claims History Summary & Information Supplement." This is required by the new insurer.**

Losses in the last five years (check one): ___ None ___ Listed below (or attached form)