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 Fort Wayne, Indiana 46801
 (800) 553-8368 Fax (260) 459-5624
 www.kandkinsurance.com
 CA# 0334819

MOTORSPORTS TEMPORARY EVENT ENROLLMENT FORM

**FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.
 PLEASE COMPLETE THE *EVENT LOCATION DIAGRAM SHEET* FOR EACH EVENT LOCATION.**

Submit this completed insurance enrollment form (2) weeks prior to event.

CLUB ASSOCIATION OR PROMOTER: _____

ADDRESS: _____

Contact: _____ **Phone:** _____

Additional Named Insureds

Business Relationship

- a. _____
- b. _____
- c. _____

EVENT DATE(S): _____ **Event is to be held:** Indoors Outdoors

FACILITY NAME: _____

City: _____ **State:** _____

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.

TYPE OF EVENT: _____ **VEHICLE CLASS:** _____

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch...): _____

Provide minimum ages of participant in each vehicle class.

Limits of Coverage Requested: _____

Do you intend to provide coverage for participants? Yes No

Send certificate to:

Name: _____

Address: _____

Special Instructions: _____

BARRIER:

Are there Guard Rails protecting all spectator and participant areas? Yes No **Type of Material Used:** _____

Height of Guard Rail? _____ " If other than concrete, what are the support posts? _____

Distance apart? _____

FENCE:

Is there a Crowd Control Fence? Yes No **Type of Material:** _____ **Height:** _____

Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall? Yes No

If at a fairground, are all Spectators restricted to the Grandstand? Yes No

GRANDSTANDS:

Yes No **Age:** _____ **Construction:** _____

Distance between course and grandstand: _____ **Seating Capacity:** _____

Distance between grandstand and crowd control fence: _____

Estimated Attendance: _____ **Time Period of Show:** _____ hours.

Any rows blocked off during event? Yes No If yes, show on diagram.

Ambulance present? Yes No Fire Extinguishers? Yes No Type: _____

Number of EMTs _____

Are you using K&K Insurance Release Form Procedures? Yes No

Number and type of security personnel: Uniformed Officers _____ Contracted _____ Employees _____

FOR MONSTER TRUCKS:

Do all trucks have remote ignition kill systems? Yes No

If Yes, are all systems tested prior to each event? Yes No

Ride truck present? Yes No If Yes, provide details regarding trucks and program.

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.) _____

Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook? Yes No

FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:

What is the maximum speed allowed? _____

Maximum number of cars on course at one time? _____

FOR DRIVING SCHOOLS:

Number of instructors? _____ Number of students? _____

List experience of all instructors _____

Percentage breakdown of school instruction: Classroom time _____%, On track time _____%

Passing allowed? Yes No If Yes, under what circumstances? _____

Who maintains school vehicles? _____

FOR RIDE AND DRIVE EVENTS:

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...) _____

Are passengers allowed? Yes No If Yes, what is the minimum age? _____

Is there any public road exposure? Yes No

**RETURN TO K&K INSURANCE GROUP, INC., 1712 MAGNAVOX WAY, P.O. BOX 2338, FORT WAYNE, IN 46801
PHONE 800-553-8368 • FAX 260-459-5624**

IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.
I understand 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. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

EVENT LOCATION DIAGRAM SHEET

CURRENT SURVEY REQUIRED - (CURRENT MEANS AT LEAST EVERY TWO YEARS.)

VERY IMPORTANT: POLICIES/CERTIFICATES/BINDER **WILL NOT** be processed by Underwriter unless a DETAILED DIAGRAM and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

SHOW LOCATION AND IDENTIFY: Spectator viewing area, spectator parking areas, restricted areas, pit areas, competition course, barrier, fences, concessions, restrooms, fire extinguishers, ambulance, security personnel, distance between course and nearest crowd control fence and direction North.

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: include the following symbols in your diagram.

Ⓢ security	Ⓝ north	Indicate the direction of NORTH on diagram
ⓧ fire extinguishers	— — — — —	barrier
Ⓐ ambulance	_____	fence over 5'
Ⓒ concessions	-----	fence under 5'
Ⓡ rest rooms	○ →	photograph Indicate photograph number in circle and position arrow in the direction the photo was taken.

Underwriting Surveys. K&K, 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

THIS IS NEITHER AN OFFER OF COVERAGE NOR AN APPLICATION FOR INSURANCE. REQUESTS FOR COVERAGE WILL BE SUBJECT TO COMPANY UNDERWRITING STANDARDS. ACTUAL COVERAGE TERMS WILL BE DESCRIBED IN A POLICY OF INSURANCE IF ONE IS ISSUED.

Received Date Stamp