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 (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 \_\_\_\_\_  Yes  No  
 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**