



P.O. Box 7219  
 Silver Spring, MD 20907  
 Toll Free (800) 467-9262  
 Fax (301) 589-7068  
 www.SWANA.org

# TEMPORARY EVENT MOTORSPORTS ENROLLMENT FORM

FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.  
 COMPLETE NEXT PAGE FOR EACH EVENT LOCATION.

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

CLUB ASSOCIATION OR PROMOTER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

	<u>Additional Named Insureds</u>	<u>Business Relationship</u>
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. All others are excluded by policy wording.

TYPE OF EVENT: \_\_\_\_\_ VEHICLE CLASS: \_\_\_\_\_  
 Other Ancillary Attractions or Exhibitions: \_\_\_\_\_

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?  Yes  No Wall?  Yes  No Type of Material Used: \_\_\_\_\_  
 Height of Guard Rail? \_\_\_\_\_" Wall? \_\_\_\_\_ If other than concrete, what are the support posts? \_\_\_\_\_  
 Distance apart? \_\_\_\_\_ Is Guard Rail/Wall in front of all Spectator Viewing Areas?  Yes  No  
**FENCE:** Is there a Crowd Control Fence?  Yes  No Type of Material: \_\_\_\_\_  
 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 crowd control fence: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
 Estimated Attendance: \_\_\_\_\_ Time Period of Show: \_\_\_\_\_ hours.  
 Ambulance present?  Yes  No Fire Extinguishers?  Yes  No Type: \_\_\_\_\_  
 Are you using K&K Insurance Release Form Procedures?  Yes  No  
 Number and type of security personnel: Uniformed Officers \_\_\_\_\_  
 Security Co. Staff \_\_\_\_\_ Employees \_\_\_\_\_

PLEASE RETURN TO SWANA, P.O. BOX 7219 SILVER SPRING, MD 20907  
 PHONE (800) 467-9262, FAX (301) 589-7068.

**IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS  
 FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.**

# EVENT LOCATION DIAGRAM SHEET

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

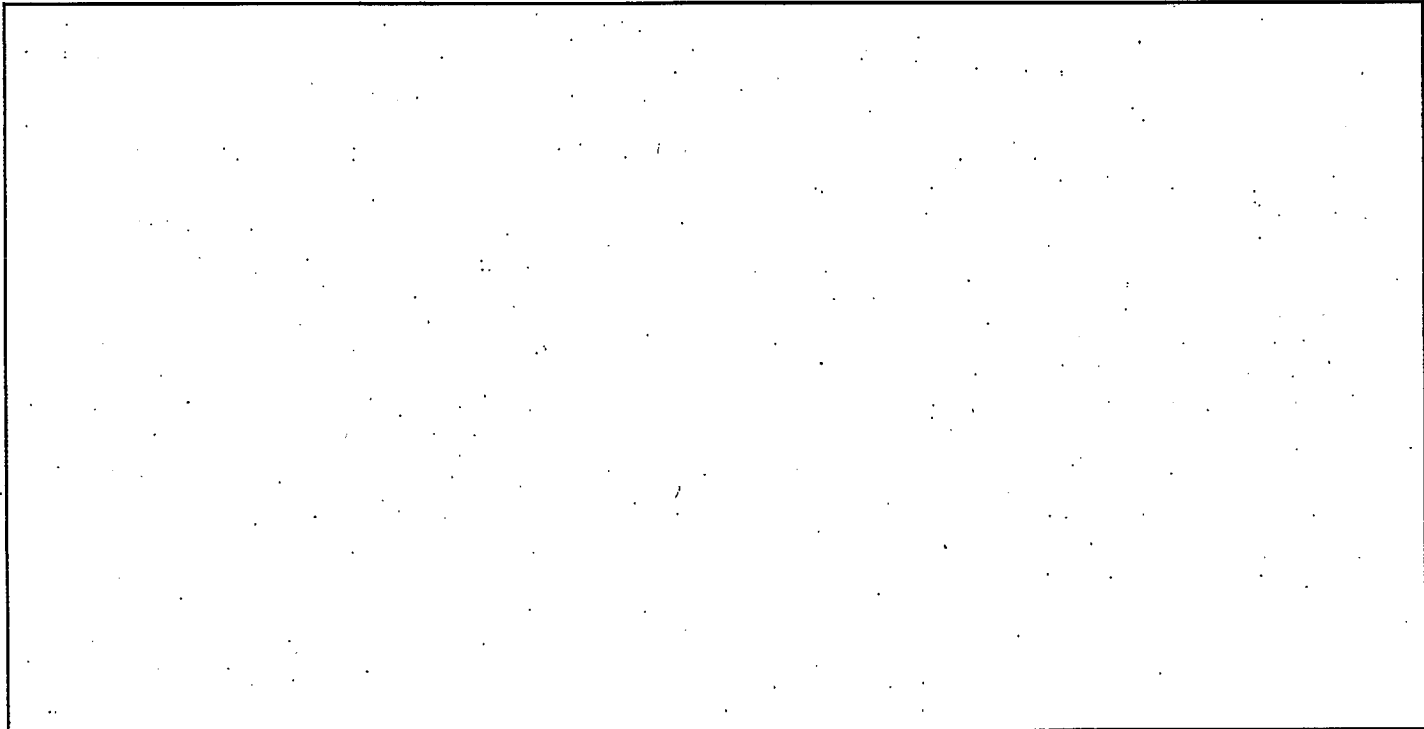
**VERY IMPORTANT:** POLICIES/CERTIFICATES/BINDER WILL NOT be processed by Underwriter unless a DETAILED DIAGRAM and SUPPORTING PHOTOS accompany enrollment form and applicable premium.

**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

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)



P.O. Box 7219  
 Silver Spring, MD 20907  
 Toll Free (800) 467-9262  
 Fax (301) 589-7068  
 www.SWANA.org

# MOTORSPORTS FACILITY APPLICATION

FOR RACING LIABILITY AND  
 PARTICIPANT ACCIDENT COVERAGE

## 1. INSURED INFORMATION

Account Code (If known): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

UPS Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured is:  Corporation  Partnership  Joint Venture  Other (explain): \_\_\_\_\_

In what state is the organization headquartered/chartered? \_\_\_\_\_

Policy Period Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

## 2. ADDITIONAL INSURED

## BUSINESS RELATIONSHIP

_____	_____
_____	_____
_____	_____

3. TOTAL ANNUAL ATTENDANCE (estimated): \_\_\_\_\_

4. TYPE OF RACING FACILITY:  Oval  Dragstrip  Road Course  Motocross

## 5. UNDERWRITING INFORMATION:

- a. 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
- Does barrier/guardrail protect all worker stations?  Yes  No
  
- b. Are spectators and participants contained behind positive barrier by crowd control fence?  Yes  No
- c. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area?  Yes  No
- d. Is pit/paddock area completely fenced off from spectator areas?  Yes  No
- e. Is pit road completely fenced?  Yes  No
- f. Is a state-certified ambulance on site?  Yes  No
  - Sub contracted  Track Owned
- g. Are licensed ambulance attendants provided?  Yes  No
- h. Is fire equipment provided?  Yes  No
  - Fire Department  Track Owned Equipment
- i. Is all track activity supervised? (i.e., swap meets, test & tune)  Yes  No
- j. Are trained/certified race vehicle tech inspectors provided?  Yes  No
- k. Are approved helmets required?  Yes  No

- l. Are approved restraint belts required?  Yes  No
- m. Are drivers under the age of 16 permitted?  Yes  No  
 If yes, in what class? \_\_\_\_\_  
 What is minimum age? \_\_\_\_\_
- n. What is the minimum age allowed in restricted/pit areas? \_\_\_\_\_
- o. Is there a separated viewing area in the pits for children under age 14?  Yes  No
- p. Is playground equipment located on the property?  Yes  No  
 If yes, what type equipment? \_\_\_\_\_
- q. Is overnight camping permitted during non-race activities?  Yes  No  
 If yes, do you have hook-ups? \_\_\_\_\_
- r. Are worker stations attended?  Yes  No
- s. Are aircraft permitted to land on the premises?  Yes  No  
 What type and what purpose? \_\_\_\_\_
- t. Is there any open water on your immediate property?  Yes  No  
 If yes, how large? \_\_\_\_\_ How deep? \_\_\_\_\_  
 If yes, is it completely fenced in?  Yes  No
- u. Age of grandstand \_\_\_\_\_ Seating capacity \_\_\_\_\_ Avg. attendance \_\_\_\_\_  
 How often is grandstand inspected for slip/trip/fall/collapse exposures? \_\_\_\_\_
- v. Is a K&K approved Waiver and Release form read and signed by all participants and other persons permitted in restricted areas?  Yes  No
- w. Are other releases used?  Yes  No

## 6. SECURITY

- a. What type and how many security personnel are provided?  
 Sheriff \_\_\_\_\_  Local Police \_\_\_\_\_  State/Prov. Police \_\_\_\_\_  Private \_\_\_\_\_
- b. Security personnel are hired as:  Employees  By contract  
 If by contract, do you require a certificate of insurance from them?  Yes  No

## 7. SUBCONTRACTORS (gas, welding, ambulance/medical, wrecker, fire equipment, others)

- a. Do you sub-contract any of the following work or have the following independent contractors?  
 Fuel  Tires  Welding  Other Automotive  
 Ambulance/Medical  Wrecker  Fire Equipment  Food Vendor  
 Souvenirs  Liquor Vendor  Fireworks Shooter  Stunt Performers  
 Portable Toilets  Other: \_\_\_\_\_
- b. Are certificates of insurance on file from each subcontractors naming your organization as an additional insured?  Yes  No

## 8. EVENT LOCATION DIAGRAM (new insureds only)

On a separate sheet, draw a diagram of the property and the track, use the symbols shown in brackets for illustration purposes.

- Spectator Viewing Areas **[SV]**
- Restricted Areas = **[RA]**
- Ambulance Security Personnel = **[A]**
- Concessions = **[C]**
- Fire Extinguishers = **[X]**
- Fences **[ (draw a long dashed line) Over 5 feet: \_\_\_\_\_ ]**  
**[ (draw a short dashed line) Under 5 Feet: \_\_\_\_\_ ]**
- Show the Distance Between Track and Nearest Crowd Control Fences
- Spectator Parking Areas **[SP]**
- Pit Areas = **[PA]**
- Security = **[S]**
- Restrooms = **[RR]**
- Barriers **[ (draw a solid line) \_\_\_\_\_ ]**

# MOTORSPORTS FACILITY INFORMATION

## 1. GENERAL INFORMATION

- a. Track Name \_\_\_\_\_
- b. Track Address/Location \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_
- c. Do you currently purchase any of the following insurance coverages?
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Primary Fireworks Liability | <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Liquor Liability               |
| <input type="checkbox"/> Workers Compensation        | <input type="checkbox"/> Commercial Auto                | <input type="checkbox"/> Directors & Officers Liability |
| <input type="checkbox"/> Property                    | <input type="checkbox"/> Crime                          | <input type="checkbox"/> Inland Marine                  |
- d. Are you planning any of the following ancillary events or intermission shows, either on or off premises?
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Swap Meets             | <input type="checkbox"/> Driving Schools | <input type="checkbox"/> Concerts           |
| <input type="checkbox"/> Monster Trucks         | <input type="checkbox"/> Skydivers       | <input type="checkbox"/> Stunt Performers   |
| <input type="checkbox"/> Pyrotechnic Performers | <input type="checkbox"/> Jet Car Burns   | <input type="checkbox"/> Coin Tosses        |
| <input type="checkbox"/> Kids Bike Races        | <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Fireworks Displays |
| <input type="checkbox"/> Trade Shows            | <input type="checkbox"/> Mall Shows      | <input type="checkbox"/> Other:             |
- Will you subcontract or promote these events yourself? \_\_\_\_\_

NOTE: The policies for which you are applying may not provide coverage for the exposures and activities listed above under section 1. c. and 1. d. without written confirmation from K&K. For coverages under 1. c. and 1. d., additional application and premium may be required. If you want a quote for coverage for any of the above, please contact your K&K account representative.

## 2. FOR STOCK CAR RACING FACILITIES

- a. Track Length: \_\_\_\_\_  Dirt  Paved  Other \_\_\_\_\_
- b. Degree of Banking:  Low  Average  High
- c. Events Scheduled:  Closed Wheel  Open Wheel  
 Enduros  Cycle/ATV  Other \_\_\_\_\_
- d. Are reinforced right-front wheels required on all cars\*?  Yes  No  
 (\*Not required for open wheel vehicles.)
- e. Are 4-point roll bars (minimum) required on all cars?  Yes  No
- f. Are all doors securely fastened?  Yes  No

## 3. FOR DRAG RACING FACILITIES

- a. Strip Length: \_\_\_\_\_ Shut Down Length: \_\_\_\_\_
- b. Surface:  Paved  Sand  Mud  
 Grass  Water
- c. Events scheduled involving more than 10 of the following vehicles:  
 Jets  Blown alcohol  Blown Nitro Methane
- d. Any events involving cycles only?  Yes  No

**4. FOR MOTORCYCLE RACING FACILITIES**

- a. Events Scheduled  Motocross  Flat Track  Scrambles  
 Hare Scrambles  Road Course  Hare & Hound
- b. Type of surface \_\_\_\_\_ AMA Sanctioned?  Yes  No
- c. Is there a minimum distance of 30 feet between the course and crowd control fencing at all jump areas at all times?  Yes  No
- d. Is there a minimum distance of 20 feet between the course and crowd control fencing at all other viewing areas?  Yes  No

**5. FOR ROAD RACING FACILITIES**

- a. Events Scheduled:  
 Ride-N-Drives  Car Club Drivers Schools/Time Trials  
 SCCA Races  Non-SCCA Races (include vintage)  
 Motorcycles  Commercials/Film Shoots  
 Go Karts  Private Driving School
- b. Any other event not checked above: \_\_\_\_\_

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)

By signing above, I authorize K&K Insurance Group, in accordance with state regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF SCHEDULED EVENT(S)

DATE RELEASE SIGNED

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he have or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

ALL SECTIONS MUST BE COMPLETED.

PRINT NAME HERE

SIGN NAME HERE

DUTIES


SIGNATURE AND TITLE OF WITNESS

ADDRESS OF WITNESS