



P.O. Box 983 HOUSTON, TEXAS 77001-0983
 24 GREENWAY PLAZA, STE 1100 HOUSTON, TEXAS 77046

Application for Motorsports Insurance

COMPLETE RESPONSES ARE REQUIRED ON ALL QUESTIONS

APPLICATION MUST BE SIGNED

Applicant Information

Policy period requested: From: _____ To: _____			
Legal Name of Insured*			
Doing Business As			
Insured is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (*Please Explain): _____			
Owners			Ownership %
*LEGAL NAME OF INSURED AS IT WILL APPEAR ON POLICY: INCLUDE ALL OF YOUR INDIVIDUAL, CORPORATE AND/OR PARTNERSHIP NAMES FOR ALL TRACK OPERATIONS, INCLUDING TRACK REAL ESTATE OR LAND, TRACK CONCESSIONS AND TRACK RESCUE OPERATIONS.			
Mailing Address			
City	State	ZIP Code	Phone Number
Track Address			
City	State	ZIP Code	Phone Number
Delivery Address (Supplies, etc.)			
City	State	ZIP Code	Phone Number
Cell Phone Number	Office Phone Number	Other Phone Number	
Contact Name <input type="checkbox"/> Owner <input type="checkbox"/> Promoter <input type="checkbox"/> Agent <input type="checkbox"/> Other: _____			
NOTE: If Contact Name is other than "Promoter," provide Promoter name here: _____			
Inspection Contact			Inspection Contact Phone
Nature of Business Operations			
Detail of Operations/Event Activities			
How long has this facility been in operation?	Number of Years of Experience	How long have you operated this facility?	
Number of Event Dates	Average Car Count, Per Event		
Average Attendance, Per Event	What is the expected Car Count at your Largest Event?		

Additional Insureds

Name	Address	Business Relationship**
1.		
2.		
3.		

**What relationship/interest does the Additional Insured have to your racing operations

Coverage Information (Check the type of coverage and indicate the limits desired)

Commercial General Liability	<input type="checkbox"/> \$1,000,000 Per Occurrence/\$5,000,000 General Aggregate Per Event Optional Coverages/Endorsements: <input type="checkbox"/> Liquor Liability <input type="checkbox"/> Hired & Rented Automobile Liability
Excess Liability	Please indicate limit desired: <input type="checkbox"/> No Coverage <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other \$ _____
Participant Accident <i>(Participant Accident coverage is mandatory)</i>	<input type="checkbox"/> Minimum (\$3,000 AD&D/Excess Medical) or \$ _____ Accidental Death \$ _____ Accidental Dismemberment \$ _____ Excess Medical \$ _____ Weekly Disability Income

Your coverage is always subject to policy terms, limits, conditions and exclusions. If there is any conflict between limits or coverages checked on this application and our proposal, the proposal governs. If there is any conflict between our proposal and the policy, the policy terms, limits, conditions and exclusions govern. Note: The Excess policy may not be excess of all coverages under your Commercial General Liability policy.

Underwriting Information

Please check all of the tracks that you will operate under the same legal name shown above:

Drag Track
 Motocross
 Demo Derby
 Oval Track
 Road Course
 Event Promotion at other tracks
 Other: (Please Explain) _____

Special Events/Ancillary Activities: Do you plan on having any of the following special events, either on or off of your premises? (Check all that apply) Note: Supplemental Application may be required.

Concerts
 Stunt Performances
 Thrill Shows or Stunt Show Events and/or Performances
 Car Shows
 Drifting
 Monster Trucks
 Swap Meets
 Driving Schools
 Truck/Tractor/Sled Pulls
 Fireworks, if checked: Conducted before or after as part of event; Conducted during or in addition to event

Provide a Certificate of Insurance from licensed Pyrotechnics

NOTE: The policies for which you are applying may not provide coverage for the exposures and activities listed above. For coverage consideration, additional information will be required. Please contact Safehold Special Risk.

Please describe special events in detail

Customer Services

1. Are alcoholic beverages sold by your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are alcoholic beverages sold by a subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If not subcontracted, are they sold by another company owned by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please indicate legal name of that Company: _____	
If "Yes" to 1 or 3, please consider purchasing Liquor Liability coverage.	

Emergency Services

1. Do you maintain and staff an emergency treatment center on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a Contracted or Owned State Certified ambulance and (2) two EMT/paramedics on site during events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," explain in detail: _____	
3. Do you have a dedicated fire/rescue vehicle on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe: _____	
4. Distance to nearest Hospital: _____ Fire Station: _____	
5. Number of fire extinguisher stations: _____ Where located? _____	
6. Number, type and size of fire extinguishers on-site during events: _____	
7. How frequently are fire extinguishers inspected? _____	
By whom are extinguishers inspected? _____	
8. (Concessions) How frequently is cleaning of hoods conducted? _____	<input type="checkbox"/> N/A
9. (Concessions) Fire Protection for deep fryers? _____	<input type="checkbox"/> N/A
10. Is there a written disaster and evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are all areas on premises available to spectators and/or participants inspected periodically for slip, trip, or fall obstacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," how frequently? _____	
12. Is facility in compliance with all known township, city, county, state, and/or federal building, seating, concessions, and sanitation codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," explain: _____	

Track/Risk Management

Waivered minors under the age of 14 permitted in restricted areas? (other than Junior Dragsters)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are persons who <u>have not</u> signed the Waiver & Release form permitted in restricted areas, including the advanced staging area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have system (wristbands/ID cards) to identify those persons authorized to be in restricted areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are signs posted in high traffic areas or announcements made indicating customer assumption of risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list and describe any warning signs that are posted at your facility (such as: "Watch Your Children" or "No Alcohol Allowed")	
Please indicate who performs the following services at your facility:	
EMT/Paramedic Services	<input type="checkbox"/> Track Employee(s) <input type="checkbox"/> Service Subcontracted <input type="checkbox"/> Other: _____
Security Services	<input type="checkbox"/> Track Employee(s) <input type="checkbox"/> Service Subcontracted <input type="checkbox"/> *Other: _____
Fire & Rescue Services	<input type="checkbox"/> Track Employee(s) <input type="checkbox"/> Service Subcontracted <input type="checkbox"/> Other: _____
Concessions	<input type="checkbox"/> Track Employee(s) <input type="checkbox"/> Service Subcontracted <input type="checkbox"/> Other: _____
*If services are subcontracted, you should request a certificate of insurance and require you/track to be named as an additional insured.	

***Security**

Professional Services	<input type="checkbox"/> Armed	<input type="checkbox"/> Not Armed	<input type="checkbox"/> Formal Agreement in place		
Uniformed Officers	<input type="checkbox"/> Armed	<input type="checkbox"/> Not Armed	<input type="checkbox"/> Formal Agreement in place	<input type="checkbox"/> Off Duty	<input type="checkbox"/> On Duty

Facility and Racing Insurance

Is the track currently sanctioned? Yes No Sanctioning Body: _____

1. SPECTATOR CAMPING: Do you provide overnight camping for SPECTATORS? Yes No

If "Yes," please answer the following questions:

How often is spectator camping allowed: _____

Maximum number of spectator campers: _____

Do you allow bonfires? _____

Describe security for camp ground: _____

Please describe how the use of alcohol controlled: _____

Coverage is provided for incidental overnight camping by participants and their crew.

2. PLAYGROUND: Do you have a playground? Yes No

If "Yes," please answer the following additional questions regarding your playground:

Warning signs posted at playground? Yes No _____

Is the playground area fenced? Yes No _____

Soft ground cover present on playground? Yes No _____

Does playground have amusement rides? Yes No _____

Describe condition of playground equipment: _____

3. GRANDSTANDS/BLEACHERS: Do you use Temporary, Rented or Leased Grandstands? Yes No

If "Yes," please describe circumstances: _____

Additional Requirements

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

- Rules and regulations for all Event classes and Practices, if they are not listed on your website.
- Schedule of events and activities
- Completed and signed supplemental applications, if applicable.

Event Location Diagram and if possible, photos. Provide 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

Prior Carrier And Claims Information (New Business Accounts Only) *(Not Applicable in State of Missouri)*

Has any of your insurance ever been
 Cancelled? Yes No Declined? Yes No Non-renewed? Yes No
 If "Yes," to any of the above, please explain _____

Prior Carrier Information				
Year	Previous Agent	Insurance Company	Limits	Premium

Claims Information (Check One): No Losses Loss Runs Attached Loss Summary Attached

Describe in detail any incidents where spectators have been injured falling off or through grandstands or have been injured by race vehicles or debris propelled from the track during the last 5 years:

If any incidents are noted above, please describe any corrective measures taken to prevent future incidents:

Compensation

Safehold Special Risk, Inc. will be compensated for services through the payment of a fee by the Named Insured to Safehold Special Risk, Inc., as well as the payment of commissions received from insurance companies. The commission is usually a percentage of the premium you pay for your insurance policy. It is paid by the insurance company for placing and servicing your insurance with them. At your request, we will provide you with a detailed statement regarding our compensation on your account and the way the compensation is calculated. The amount of premium you pay for a policy may change over the term of the policy. For example, your endorsement requests will affect the premium. Should the premium for any of your policies change, the amount of compensation paid to us by the insurance company would change accordingly.

Miscellaneous sources of compensation

In addition to the foregoing, Safehold Special Risk, Inc. may also receive income from the following sources:

- Interest earned on premiums received from you and forwarded to the insurance company through SAFEHOLD SPECIAL RISK, INC. bank account.
- Payments from insurance companies to defray the cost of services provided for them, including advertising, training, certain employee compensation, and other expenses
- Vendors and/or service providers

In the event there is a significant change in Client operations which affects the nature and scope of its insurance requirements, the parties agree to renegotiate Safehold Special Risk, Inc. compensation as appropriate.

Such fees and/or commissions will be part of compensation in full accordance with and only to the extent permissible by state law.

By signing this application, I am attesting to the accuracy of the information provided by me and I agree that all information that I have provided is material to the insurance company's decision to offer me coverage. If any information provided by me in this application is found to be false or misleading, it is agreed that the policy may be cancelled and that coverage may be voided. I also agree to authorize Safehold Special Risk, Inc., in accordance with state insurance regulations, to obtain, on my behalf, detailed five year loss runs, separately reflecting paid and reserved Participant Medical, AD&D and Liability claims, valued within 60 days of the date of this application.

Signing this application does not bind the applicant or the Company to complete the insurance.

Applicant Name

Signature of Insured or Authorized Representative

Title

Date

Your coverage is always subject to policy terms, limits, conditions and exclusions. If there is any conflict between limits or coverages checked on this renewal request form and our proposal, the proposal governs. If there is any conflict between our proposal and the policy, the policy terms, limits, conditions and exclusions govern. Note: The Excess policy, if applicable, may not be excess of all coverages under your Commercial General Liability policy.

COMPLETE THE FOLLOWING SECTION(S) WHICH APPLY TO YOUR OPERATIONS

COMPLETION OF ATTACHED SUPPLEMENTAL APPLICATION(S), IF ANY, IS REQUIRED FOR QUOTATION AND/OR COVERAGE.

STATE MANDATORY FRAUD NOTIFICATION

GENERAL STATEMENT

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN 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 deception statement is guilty of insurance fraud.

APPLICABLE IN 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.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Disclosure Statement: Article 21.35A of the Texas Insurance Code allows us to charge a fee for certain services or expenses if we obtain your consent prior to providing the service or incurring the expense. (Those services include loss control and risk management assistance) Your signature on the application shall serve as that consent.