

## MOTORSPORT ASSOCIATION APPLICATION

### SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each
- Diagram of location (If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders, adjacent buildings, and landscape features.)

### BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

### GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

### POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

*\*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

### COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				

**ADDITIONAL INSURED – Provide name, description and business relationship**

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

**UNDERWRITING INFORMATION**

**Please provide a copy of all rule books and association manuals.**

Does the insured have a licensing agreement with any firm or manufacturer to provide products, souvenirs, or apparel? <i>If Yes, please provide a copy of the agreement. If the agreement provides for evidence of insurance, please provide a certificate of insurance for the licensor.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Participants in this association: _____    Number of Minor Participants: _____	
Does the association promulgate rules or provide sanctions? <i>If Yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal officials and/or instructors instruction program? <i>If Yes, please provide copies of all written material in the program.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the association have a formal participant injury control program? <i>If Yes, please provide a copy of this program.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently secure waiver and release and/or assumption of risk statements from all participants? <i>If Yes, please provide a copy of each such document.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the preparations the association takes for potential participant injuries during competition and practice:	
Does the Association have a method of reviewing contracts entered into by its member association/club or track, if applicable? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe how information is disseminated from the national level to the individual association/club or track (i.e. rule changes):	
Does the association have a method for ensuring the safety and adequacy of competition areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of Spectator Areas? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all competition areas in compliance with state and local codes? <i>If No, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No





**AUTOMOBILE COVERAGE & TRANSPORTATION INFORMATION**

Does the association own any vehicles? <i>If Yes, please provide a completed ACORD Auto Application including Auto Schedule.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the association allow the use of employees' personal autos for company business? <i>If Yes, number of people employed by the association:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the association rent vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, is rental coverage purchased from the rental agency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated number of rental days: _____ days	
General description of the exposure (employees run errands, etc., rental/lease, contracted transportation, hauling):	
Are all drivers covered by workers' compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a written policy with respect to the use of company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to use company vehicles for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can family members drive company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain the driver selection process (age review, independent MVR review, confirmation of primary insurance, proof of valid driver's license):	
What does the association do if an individual is found to have three or more moving violations or a DUI or an OUI- type of violation?	
Does the association have a driving safety/training program? <i>If Yes, please provide a copy of the driving safety training program manual.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are the vehicles being stored?	
Are there protections in place at the area where vehicles are stored? <i>If Yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a concentration of values or exposure (major exposure is within a certain time frame) with respect to this insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel to Canada or Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of any high valued vehicles (over \$75k):	
Does the association have a vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What's the majority radius of the auto fleet?	

**PROPERTY COVERAGE**

Are there any renovations or additions planned during the proposed policy period (including values)? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If painting or renovating work is being performed by a subcontractor, do you secure a Certificate of Insurance from the subcontractor that includes coverage for General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any flammables stored at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, are all flammables contained and stored in UL and NFPA approved cabinets and/or containers?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any painting or fiberglass work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, do you have a UL approved paint booth?</i> <i>If No, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does air flow and filtration system meet OSHA and local requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your maintenance staff perform welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a training program for welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your watchman, security, or regular ownership presence during non-operational period:	
Are buildings equipped with alarms?	<input type="checkbox"/> Heat <input type="checkbox"/> Smoke <input type="checkbox"/> Intrusion
Are alarms tested and maintained regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are alarms connected to central station alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your property stored at non-owned buildings:	

### HIRED AND NON-OWNED AUTO LIABILITY

**Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.**

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage: \$ _____ Effective date of coverage: _____	
Does insured allow employees to use their own person vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, how many employees use their personal vehicles?</i>	
<i>If Yes, how often?</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, what limits are required? \$ _____</i>	
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

### ABUSE AND MOLESTATION

**Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.**

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	



**PARTICIPANT ACCIDENT COVERAGE (If this coverage is not needed, please skip to the next section)**

**COVERAGE AND LIMITS (Please provide a copy of the expiring policy)**

Coverage Type	Limit Amount	Excess	Primary	Deductible
Accidental death and dismemberment				
Accidental medical expense				
Aggregate				
Chiropractic				
Other				
Disability: \$ _____ per week for up to # _____ weeks				
Incurred Period (length of time accident medical benefits will be paid)		<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months

**UNDERWRITING INFORMATION**

<b>Participant Information</b>	
Is Insurance for Participant Accident: <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary Please explain:	
Description of Covered Activities:	
Does coverage provide for: <input type="checkbox"/> Participation in Covered Activities only <input type="checkbox"/> Include Travel to & from Covered Activities	
Is there a Formal Injury Control program in place for the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:
Please describe the Medical and First Aid Facilities and Professionals provided for the injured participants during events:	



### Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently valued for the past 5 years including current year	
2. Copies of expiring policies including any manuscript forms	
3. Detailed list of all insureds and their descriptions	
4. Detailed list of all insured locations and their descriptions	
5. List & description of any ancillary activities to be covered	
6. Copies of all event brochures you participant in	
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	
9. Copy of adult and minor waiver and release and/or assumption of risk forms	
10. Copy of all rule books and association manuals	
11. Copy of your formal athlete injury control program	
12. Copy of your procedures for screening employees and volunteers	
13. Copy of your abuse and molestation policy and procedures	

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

**I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

\_\_\_\_\_  
Applicant's Printed Name:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ License#: \_\_\_\_\_

## FRAUD STATEMENTS

### 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 civil penalties. (Applicable in all states except those specifically identified below).

### APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)\*\* fines and (criminal penalties)\*\* confinement in prison. \*Applies in MD only. \*\* Applies in NM only.

### 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

### 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 KENTUCKY, NEW YORK, AND PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties)\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*\*.\*Applies in NY and PA only. \*\*Applies in NY Only.

### NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

### PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

### APPLICABLE IN MASSACHUSETTS and NEBRASKA

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 MAINE, TENNESSEE, VIRGINIA, and 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 (may)\* include imprisonment, fines, and denial of insurance benefits. \* Applies in ME Only.



**TENNESSEE – WC ONLY**

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

**APPLICABLE IN MINNESOTA**

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

**APPLICABLE IN NEW HAMPSHIRE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN 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.

**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 deceptive 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 OREGON**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.