

**DRIVING SCHOOL
SUPPLEMENTAL APPLICATION**

1. Does your “school” have a website?

2. Please describe the school operations in detail (*attach schedule*):

3. What experience do and/or your instructors have in this area?

4. Do you allow minors (under age 18) to participate? YES NO
If yes, please describe.

5. Describe technical inspection of vehicles:

6. Detail the rules that would be followed for your school (*attach copy of rules*):

7. Estimated number of riders participating in the school:

8. What are the maximum speeds, by category?

9. Is the school open for spectator viewing? YES NO
If yes, please give estimated # of spectators.

10. Describe any liability or participant accident medical expense claims sustained by your organization for the last 5 years:

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

APPLICANT SIGNATURE

TITLE

DATE