

# MONSTER TRUCK SUPPLEMENTAL APPLICATION

Is insured required to indemnify MONSTER TRUCK promoters/owners?  Yes  No  Do Not Know

\* If yes, please attach copy of promoter agreement

## TYPE OF MONSTER TRUCK ACTIVITY:

Please check all that apply and briefly describe event:

- Drag racing on existing drag strip
- Racing (drag or arena-type course)
- Special course Side by side or two at a time
- One at a time
- Includes car crushing
- Spectator rides (see question 7)
- Other

Please describe event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLES:

- a) Number of monster trucks: \_\_\_\_\_
- b) Provided/owned by whom? \_\_\_\_\_
- c) Are all vehicles equipped with a remote kill switch?  Yes  No
- d) Operated by whom? \_\_\_\_\_

## EVENT ORGANIZATION/MANAGEMENT:

a) Who is in charge of event competition? \_\_\_\_\_  
Experience: \_\_\_\_\_

b) Is event activity being run under monster truck association rules?  Yes  No  
If yes, which association? \_\_\_\_\_

c) Describe ambulance and fire/safety equipment/personnel to be present at event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT FACILITY:**

a) Provide detailed diagram of event facility/course with the location of barriers and spectator fences, direction of vehicle travel, and distances, including from barriers to spectator areas. (use space below or separate sheet)

b) Has this facility been used for a monster truck event before?  Yes  No

Describe when; and if any changes from previous event: \_\_\_\_\_

**SPECTATOR RIDES:**

In which (and how many) vehicles? \_\_\_\_\_

Is vehicle specially equipped for providing rides?  Yes  No

Please describe: \_\_\_\_\_

Will all riders sign wavers?  Yes  No

Describe ride procedure and course layout: \_\_\_\_\_

Are spectators allowed to climb on the vehicles?  Yes  No

**ATTACHMENTS:**

*Provide the following, if available.*

- a) Promoter/vehicle owner agreement with insured
- b) Event rules
- c) Any promotional material
- d) Facility diagram (or draw below)

**DIAGRAM:**

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

Track Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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