

**SPECIAL EVENT
Application for Insurance**



A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

- 1. COMPLETE REPOSSES ARE REQUIRED ON ALL QUESTIONS
- 2. APPLICATION MUST BE SIGNED
- 3. EVENT DATES REQUESTED: _____

GENERAL INFORMATION		
LEGAL NAME OF INSURED *: _____		
DOING BUSINESS AS:		
Website Address: _____		
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: _____		
TRACK ADDRESS: _____		
Phone Numbers: Cell: _____ Office: _____ Other: _____		
Contact Name: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Promoter <input type="checkbox"/> Agent <input type="checkbox"/> Other: _____		
Email Address: : _____		
<small>(BY PROVIDING AN EMAIL ADDRESS, YOU ARE GIVING SAFEHOLD SPECIAL RISK PERMISSION TO CONTACT YOU BY EMAIL REGARDING YOUR POLICY. PLEASE REFER TO ELECTRONIC SIGNATURE DISCLOSURE AND CONSENT)</small>		
Accounting Contact Name: _____		Phone: _____ Email: _____
Inspection Contact Name: _____		Inspection Contact Phone : (_____) _____

Nature of Business Operations:

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

Optional Coverages/Endorsements:

Liquor Liability

EXCESS LIABILITY

Please indicate limit desired:

No Coverage

\$1,000,000 Other \$ _____

PARTICIPANT ACCIDENT

Minimum (\$3,000 AD&D/Excess Medical) or

\$ _____ Accidental Death

\$ _____ Accidental Dismemberment

\$ _____ Excess Medical

\$ _____ Weekly Disability Income

(Participant Accident coverage is mandatory)

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 provide a copy of Contract(s) and/or rental agreements signed regarding Special Event and the following, if available:

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

Please describe Special Event / Activities in detail. Please attach schedule, brochures, etc.

Event is staged by: **Track** **Other Promoter (name)**

What experience does your group have in promoting these types of special events? Detail the rules governing these event(s) (or attach rules)

Describe technical inspection of vehicles:

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)

Has this facility been used for this special event before? Yes No

Describe any changes from previous event:

Type of seating (i.e. bleachers, grandstands, permanent, temporary, etc)

Total Seating Capacity:

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

Estimated number cars participating in special event activities? Maximum speeds, by category?

Is the event open for spectator viewing? YES NO **If yes, please give estimated # of spectators:**

1. Are alcoholic beverages sold by your employees? Yes No
2. Are alcoholic beverages sold by a subcontractor? Yes No

3. If not subcontracted, are they sold by another company owned by you? Yes No
4. Please indicate legal name of that Company _____

If "yes" to 1 or 3, please consider purchasing Liquor Liability coverage.

EMERGENCY SERVICES:

EMT/Paramedic Services:	Event Facility Employee(s)	Service Subcontracted	Other	If other, describe: _____
Security Services	Event Facility Employee(s)	Service Subcontracted	Other	If other, describe: _____
Fire & Rescue Services	Event Facility Employee(s)	Service Subcontracted	Other	If other, describe: _____
Concessions	Event Facility Employee(s)	Service Subcontracted	Other	If other, describe: _____

*If services are subcontracted, you should request a certificate of insurance and require you/track to be named as an additional insured.

OTHER SERVICES:

***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 |

1. Are alcoholic beverages sold by your employees? Yes No
2. Are alcoholic beverages sold by a subcontractor? Yes No
3. If not subcontracted, are they sold by another company owned by you? Please indicate legal name of that Company Yes No

If "yes" to 1 or 3, please consider purchasing Liquor Liability coverage. The attached Liquor Liability supplemental must be completed and returned with this application to secure a quotation.

- Do you have and/or operate owned drones? Yes No
- Do you have a written guideline in place that prohibits the use of drones by any person in attendance at your events unless contracted by you? Yes No
- Do you hire/use third party drone operators at any of your events? Yes No

If yes, prior approval is required, and additional underwriting information will be needed to consider for coverage.

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.**
- **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):

Has any of your insurance ever been: Cancelled? Yes No Declined? Yes No Non-renewed? Yes No *Not Applicable in State of Missouri*

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:

Are you currently operating, or have you operated during the past five years, under any chapter of the United States Bankruptcy Code. Yes No

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 coverage may be voided. I also agree to authorize Safehold Motorsports, 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

THIS APPLICATION FOR INSURANCE IS NOT COMPLETE WITHOUT THE REVIEW, COMPLETION, DATE AND SIGNATURE OF THE FOLLOWING DOCUMENTS:

- 1. CONSENT FOR ELECTRONIC DISCLOSURE, GENERAL FRAUD STATEMENT & COMPENSATION**
 - 2. SUPPLEMENTAL APPLICATION(S), IF ANY, BASED ON TYPE OF RACING FACILITY OR EVENT.**
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GENERAL FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO:

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 FL and OK:

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)*. *Applies in FL Only

Applicable in KS:

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 that 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 KY, NY, OH and PA

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 Only.

Applicable in ME, TN, VA and WA

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.

Applicable in NJ

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 OR

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.

SIGNATURE OF APPLICANT

DATE