

# MOTORSPORTS

## Racing Owners & Sponsors Liability

### Eligible Operations:

- Drivers
- Race team owners
- Event sponsors
- Race team sponsors
- Racing associations

### Key Underwriting/Qualifying Factors

(Including but not limited to):

- \$1,000,000 minimum underlying coverage required
- \$1,500 minimum premium

### Ineligible for this program:

- Drag boat racing
- Mud bogs
- Jet vehicle exhibition/racing

### K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 65 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through sanctioning bodies, racing associations and event attendance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

This program is designed to protect the interests of racing owners, sponsors and drivers for covered losses where the facility's or sanctioning body's insurance limits are insufficient for possible claims in which the owner, sponsor or driver is named.

### Coverages Available & Program Highlights:

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#### General Liability

- Spectator Liability
- Legal Liability to Participants (subject to underwriting)
- No Bodily Injury Deductible
- Incidental Products Coverage
- Primary Test & Tune available (refer to underwriting)

### Additional Products:

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#### Auto/Shop Liability

#### Commercial Coverage For Race Teams

- Auto Liability
- Building
- Business Personal Property
- General Liability (Non-racing)
- Workers' Compensation

#### Contingency/Prize Indemnity

#### Contractual Indemnity

#### Disability Income For Crew Chiefs & Drivers

#### Employment Practices Liability

#### Excess Liability

#### Ocean Marine

#### Off-track & Storage Coverage for Competition Vehicles and Racing Equipment

#### On Track Crash Damage (for certain classes)

#### Participant Accident for Tuning & Testing

#### Products Liability

#### World Wide Liability

#### Workers' Compensation

Insuring the world's fun®

### **Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

### **Racing Owners & Sponsors Program**

PHONE: **800.348.1839**

FAX: **260.459.5102**

EMAIL:

[KK.Motorsports@kandkinsurance.com](mailto:KK.Motorsports@kandkinsurance.com)

WEB SITE:

[kandkinsurance.com](http://kandkinsurance.com)

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

### **Submission Instructions:**

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To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

### **Preliminary Underwriting Information Required:**

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- K&K Application(s) (see below)
- Four years of company loss runs
- Copy of sponsorship agreement/contract

### **Racing Owners & Sponsors Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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#### **K&K Application(s)**

- Motorsports Racing Owners & Sponsors Liability Application

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1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, Indiana 46801-2338  
 (800) 348-1839 Fax (260) 459-5102  
 www.kandkinsurance.com  
 California License #0334819

# MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

## APPLICANT INFORMATION

Racing Team       Racing Sponsor

Name of Insured (as it will appear on policy): \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Years in business: \_\_\_\_\_ Years of racing experience: \_\_\_\_\_

Insured is:  Corporation    Partnership    Joint venture    Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Person is:  Owner    Promoter    Agent    Other: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Agency/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## COVERAGE INFORMATION

Policy term requested: From: \_\_\_\_\_ To: \_\_\_\_\_

1. Liability Limits:       1,000,000    2,000,000    3,000,000    4,000,000  
 5,000,000    10,000,000    Other\* \_\_\_\_\_ *\*Agent, Please attach Acord umbrella*

2. Sanctioning Body: \_\_\_\_\_ Classification: \_\_\_\_\_

3. Number of competition vehicles entered for team/sponsor in each race event: \_\_\_\_\_ Estimated Number of Events: \_\_\_\_\_

4. Schedule of Racing Events **-REQUIRED-** please attach: \_\_\_\_\_

5. Driver(s) Name(s): \_\_\_\_\_ Drivers Age: \_\_\_\_\_  
 Racing Experience: \_\_\_\_\_

6. Additional Insured(s) to be listed on policy: **(If additional space is needed, please list and attach a separate sheet.)**

[Sponsor(s), Owner(s), Driver(s)]	Relationship to Team
_____	_____
_____	_____
_____	_____

7. Describe any Racing/Owners Sponsors Liability claims in past 5 years \_\_\_\_\_

## PLEASE SEND INFORMATION ON THE FOLLOWING COVERAGES:

- Off-Course & Storage** – All perils protection while the competition vehicle and the race equipment are being transported and/or stored.
- Race Team Coverages** – General Liability, Building, Contents, Business Auto including Tractors/Trailers, other business related insurance coverages.
- Primary Testing Coverage**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature \_\_\_\_\_

Producer's Signature (if applicable) \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_

Producer's Name (print) \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_



# MANDATORY SIGNATURE SUPPLEMENT

**THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:**

**Applicant name:** \_\_\_\_\_

## FRAUD WARNING

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.

### Applicable in AL

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

### Applicable in AR, LA, MD, RI and WV

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 DC

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 FL

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 KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### Applicable in ME, TN, 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 NM

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 civil fines and criminal penalties.

### 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 NY

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### Applicable in OH

Any person who, with intent to defraud or knowing that he 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 OK

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 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.

### 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.

### Applicable in VA

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 benefits.

FRAUD APPS (2019/11)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)