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CA #0334819

# MOTORSPORTS TEMPORARY EVENT ENROLLMENT FORM

**FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.  
PLEASE COMPLETE THE EVENT LOCATION DIAGRAM SHEET FOR EACH EVENT LOCATION.**

**Submit this completed insurance enrollment form (2) weeks prior to event.**

**CLUB ASSOCIATION OR PROMOTER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Additional Named Insureds

Business Relationship

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**EVENT DATE(s):** \_\_\_\_\_ **Event is to be held:** ☐ Indoors ☐ Outdoors

**FACILITY NAME:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.**

**TYPE OF EVENT:** \_\_\_\_\_ **VEHICLE CLASS:** \_\_\_\_\_

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch...): \_\_\_\_\_

Provide minimum ages of participant in each vehicle class.

Limits of Coverage Requested: \_\_\_\_\_

Do you intend to provide coverage for participants? ☐ Yes ☐ No

Send certificate to:

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

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

Special Instructions: \_\_\_\_\_

## **BARRIER:**

Are there Guard Rails protecting all spectator and participant areas? ☐ Yes ☐ No **Type of Material Used:** \_\_\_\_\_

Height of Guard Rail? \_\_\_\_\_ If other than concrete, what are the support posts? \_\_\_\_\_

Distance apart? \_\_\_\_\_

## **FENCE:**

Is there a Crowd Control Fence? ☐ Yes ☐ No **Type of Material Used:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall? ☐ Yes ☐ No

If at a fairground, are all Spectators restricted to the Grandstand? ☐ Yes ☐ No

## **GRANDSTANDS:**

☐ Yes ☐ No **Age:** \_\_\_\_\_ **Construction:** \_\_\_\_\_

**Distance between course and crowd control fence:** \_\_\_\_\_ **Seating Capacity:** \_\_\_\_\_

**Distance between grandstand and crowd control fence:** \_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_ **Time Period of Show:** \_\_\_\_\_ hours.

**Any rows blocked off during event?** ☐ No ☐ Yes **If yes, show on diagram.**

Ambulance present? ☐ Yes ☐ No Fire Extinguishers? ☐ No ☐ Yes Type: \_\_\_\_\_

Number of EMTs \_\_\_\_\_

Are you using K&K Insurance Release Form Procedures? ☐ Yes ☐ No

Number and type of security personnel: Uniformed Officers \_\_\_\_\_ Contracted \_\_\_\_\_ Employees \_\_\_\_\_

**FOR MONSTER TRUCKS:**

Do all trucks have remote ignition kill systems? ☐ Yes ☐ No

If Yes, are all systems tested prior to each event? ☐ Yes ☐ No

Ride truck present? ☐ No ☐ Yes If Yes, provide details regarding trucks and program.

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.) \_\_\_\_\_

Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook? ☐ Yes ☐ No

**FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:**

What is the maximum speed allowed? \_\_\_\_\_

Maximum number of cars on course at one time? \_\_\_\_\_

**FOR DRIVING SCHOOLS:**

Number of instructors? \_\_\_\_\_ Number of students? \_\_\_\_\_

List experience of all instructors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage breakdown of school instruction: Classroom time \_\_\_\_\_ %, On track time \_\_\_\_\_ %

Passing allowed? ☐ Yes ☐ No If Yes, under what circumstances? \_\_\_\_\_

\_\_\_\_\_

Who maintains school vehicles? \_\_\_\_\_

\_\_\_\_\_

**FOR RIDE AND DRIVE EVENTS:**

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are passengers allowed? ☐ Yes ☐ No If Yes, what is the minimum age? \_\_\_\_\_

Is there any public road exposure? ☐ Yes ☐ No

**RETURN TO K&K INSURANCE GROUP, INC., BOX 2338, FORT WAYNE, IN 46801  
PHONE 800-553-8368 • FAX 260-459-5624**

**IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.**

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)



# MOTORSPORTS EVENT LOCATION DIAGRAM SHEET

**VERY IMPORTANT:** POLICIES/CERTIFICATES/BINDER **WILL NOT** be processed by Underwriter unless a DETAILED DIAGRAM and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

**SHOW LOCATION AND IDENTIFY:** Spectator viewing area, spectator parking areas, restricted areas, competition course, barrier, fences, concessions, restrooms, fire extinguishers, ambulance, security personnel, distance between course and nearest crowd control fence and direction North.\*

**PICTURES MUST BE TAKEN:** Between course and any area used by spectators and/or participants, parallel to course and barrier/fence. (Note direction taken and number photo)

**USE SYMBOLS:** (include the following symbols in your diagram)

<div>Ⓢ security</div>	<div>SV spectator viewing</div>	<div>Ⓝ north</div>	Indicate the direction of NORTH on diagram
<div>ⓧ fire extinguishers</div>	<div>SP spectator parking</div>	<div>_____ barrier</div>	
<div>Ⓐ ambulance</div>	<div>ⓂA restricted area</div>	<div>_____ fence over 5'</div>	
<div>Ⓒ concessions</div>		<div>----- fence under 5'</div>	
<div>RR rest rooms</div>		<div>⊙ → photograph</div>	Indicate photograph number in circle and position arrow in the direction the photo was taken.

**"Underwriting Surveys.** K&K, for the insuring company, shall be permitted but not obligated to survey the Insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting survey nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of, or for the benefit of, any Insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or helpful, or are in compliance with any engineering standards, rule or regulations. Underwriting surveys are for the sole purpose of determining the insurability of certain property and operations and not safety. The Insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting surveys to determine the safety of its track or operations and shall not diminish or forego its own safety practices and procedures.

**I attest that the information provided above is true and complete.**

SIGNATURE OF INSURED	TITLE	DATE
THIS IS NEITHER AN OFFER OF COVERAGE NOR AN APPLICATION FOR INSURANCE. REQUESTS FOR COVERAGE WILL BE SUBJECT TO COMPANY UNDERWRITING STANDARDS. ACTUAL COVERAGE TERMS WILL BE DESCRIBED IN A POLICY OF INSURANCE IF ONE IS ISSUED.		Received Date Stamp