**RACING SPECIAL EVENTS SUPPLEMENTAL APPLICATION**

**(Complete in addition to Special Events Application: GLS-APP-9s)**

1. Named Insured:

2. Track Name:

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| 3. Promoter’s and/or Sponsor’s Name:       |

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| 4. Type of Race(s) (i.e., Stock Cars, Sprint or Midget, Motorcycles, ATVs, 4 Wheelers, Tractors, Trucks, Semi-Trucks, Snowmobiles, etc.):       |

5. Number of Event dates planned for current year:

Number of Events held last year:

6. Annual Receipts: $

7. Average attendance per Event date:

Maximum attendance per Event date:

8. Track Description:

a. Attach diagram showing the following:

(1) Location of all grandstands/bleachers and any other area where spectators are allowed;

(2) Pit area location including entrance and exits;

(3) Location of debris fence and barriers;

(4) Location of designated parking areas;

(5) Location of all concessions, restrooms, medical facilities, etc.;

(6) Location of crowd control fences; and

(7) Shape of track (straight, oval, serpentine, etc.).

b. Length of track:

c. Track surface (dirt, concrete, asphalt, other):

9. Barriers:

Construction type/material:

Height:

Thickness:

How many feet from the lowest set of seats or spectator area to the barrier?

Does barrier protect: Pit Area? [ ]  Yes [ ]  No

Spectator Areas? [ ]  Yes [ ]  No

Private Property? [ ]  Yes [ ]  No

10. Debris Fence:

Fence post material (wood, concrete, metal):

Number of feet between fence posts:

Height above racing surface:

Type/gauge of fence wire:

Does debris fence protect all Spectator Areas? [ ]  Yes [ ]  No

11. Seating:

Grandstand or bleacher seating capacity:

Grandstand/bleacher construction material:

Age:

Are spectators permitted to sit in: Their autos to watch the race? [ ]  Yes [ ]  No

The infield? [ ]  Yes [ ]  No

The pit area? [ ]  Yes [ ]  No

Are there grandstands in the pit area? [ ]  Yes [ ]  No

Are the grandstands in the pit area protected by a barrier? [ ]  Yes [ ]  No

12. Are there any playground/amusement rides on the premises? [ ]  Yes [ ]  No

13. Is there a medical or first aid facility on the premises? [ ]  Yes [ ]  No

14. Does the applicant have a website? [ ]  Yes [ ]  No

If Yes, provide the website address:

15. Contact Person:       Phone No.:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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 insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE: