



2017



MOTORSPORTS FACILITY RENEWAL INSURANCE APPLICATION

I. APPLICANT INFORMATION

Named Insured: _____

Track Name _____

Track Address: _____
(Street) (City) (State) (Zip)

Proposed insured is a (check one): Corporation Partnership Individual Other (specify):

Is the proposed insured a subsidiary of another company? Yes No

If yes, name of parent company: _____

Contact person: _____ Position _____

Business Contact _____ Phone _____

Experience of management: _____

Cell Phone: _____ E-mail _____

Phone: _____ Fax: _____

Federal Tax ID and or Social Security Number: _____

Valid Credit Card: _____ Exp Date: _____ 3 Digit Pin: _____

Mailing Address for Card: _____ City: _____ State: _____ Zip Code: _____

Name that appears on Credit Card: _____

Website _____

Name of track land owner _____

Is this landowner requiring to be named as an Additional Insured to the policy? Yes No

Please list any entities which are requested to be named as Additional Insureds and your relationship to them:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

What type of racing activities will you be holding? _____

What rules package will your organization use? _____

Contact Person UPS or Ground Shipping Address: _____

Street: _____ City: _____ State: _____ Zip: _____

II. COVERAGES AND LIMITS

Limit of Liability Requested: \$1M Liability \$2M Liability \$3M Liability \$5M Liability

Effective Date: _____

HAVE THERE BEEN ANY CHANGES SINCE YOU COMPLETED YOUR APPLICATION IN 2010?

III. TRACK INFORMATION Yes No If Yes, please provide explanation.

IV. TRACK PROTECTION Yes No If Yes, please provide explanation.

V. PIT AREA Yes No If Yes, please provide explanation.

VI. SPECTATOR CONVENIENCES Yes No If Yes, please provide explanation.

VII. SECURITY, EMERGENCY, MEDICAL, AND SAFETY PLAN Yes No
If Yes, please provide explanation.

VIII. PLAYGROUNDS Yes No If Yes, please provide explanation.

IX. ADDITIONAL EXPOSURES: Yes No If Yes, please provide explanation.

X. WAIVER AND RELEASE Yes No If Yes, please provide explanation.

XI. CONTRACTUAL Yes No If Yes, please provide explanation.

XII. WORKERS COMPENSATION: Yes No If Yes, please provide explanation.

(Important Please Read)

Individual and or member signing this agreement will be responsible for reporting and paying for all Events, assigned Armbands and or Pit Passes shipped to members address listed on this Renewal Application within 7 business days. Any unused Armband and or Pit Passes not returned and accounted for to the AKTPA office after last event of season will be billed at the highest rate for limit of liability chosen on rate sheet.

Individual and or member signing this agreement shall be responsible for reporting Per Pit Pass or Flat Rate event activities to include: rain outs, practice and or racing events within 7 business days of scheduled events submitted with this application form. Any member who fails to report and pay for events within 30 days will be put on suspension until all events are reported and paid.

An AKTPA sanction agreement must accompany the renewal application along with current year schedule of practice and or race events.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Date

Signature

Title

Send completed form to:

**American Kart Track Promoters Association, Inc.
11715 Fox Road, Suite 400-191
Indianapolis, IN 46236
Phone: 317-501-3377
Fax: 800-646-1392 or 317-335-2203
Email: info@aktpa.com**