



RACE DIRECTORS APPLICATION

ACCOUNT INFORMATION

Applicant Name:

Address:

Website: www.

Contact Person (Billing):

Contact Person (Loss Control):

Effective Dates Requested:

Annual Gross Revenues: \$

Months of Operation:

Email Address:

Phone Number:

Phone Number:

Individual Partnership Corporation Association Other:
 A For Profit ~~Non Profit~~

Years this entity in business:

Years experience of this owner:

GENERAL INFORMATION

- | | | |
|---|-----|----|
| 1. Have any of your policies or coverages been declined, canceled, or non-renewed during the past three (3) years? | Yes | No |
| 2. Have you or any director, officer or employee been convicted of any crime within the past ten (10) years? If yes, explain: | Yes | No |

UNDERWRITING INFORMATION

- | | | |
|---|-----|----|
| 1. How many events do you organize and operate each year: | | |
| 2. Do you collect signed waivers? | Yes | No |
| 3. Do you sanction your events through a National Governing Body or Association? | Yes | No |
| 4. Do you organize or operate any sporting events that are not sanctioned? | Yes | No |
| 5. What are the annual gross receipts (i.e. gross revenues) for your business: \$ | | |
| 6. Do you use sub-contractors in the course of your business? | Yes | No |
| If yes, please answer the following questions: | | |
| a. Do you utilize standard written contracts with all of your sub-contractors? | Yes | No |
| b. Do you require sub-contractors to provide you with a certificate of insurance? | Yes | No |
| c. Do you require sub-contractors to include you as an Additional Insured? | Yes | No |
| 7. Do you have any employees? | Yes | No |
| If yes, how many employees do you have: | | |
| 8. Do you ever serve as an independent contractor working for another Event Director? | Yes | No |
| If yes, please explain: | | |
| 9. Are you involved in any other business operations? If yes, please explain: | Yes | No |

1. **Auto Liability coverage (for Owned or Leased Autos)***
 Do you have any owned or leased vehicles registered in the name of your business? Yes No
** If you would like a quote for Auto Liability coverage on your owned or leased vehicles, please complete the Auto Schedule below.*
2. **Auto Liability Coverage (for Hired or Non-owned Autos)**
 Do you rent or borrow vehicles in connection with your business or events? Yes No
 If yes, please answer the following questions:
 - a. How much do you spend annually to rent vehicles (i.e. cost of hire): \$
 - b. Do you rent any vehicles for a period of 90 days or more?* Yes No
**If you rent any vehicles for 90 days or more, these vehicles should be shown on the Auto Schedule below.*
3. **Auto Physical Damage Coverage (for Comprehensive or Collision losses to Covered Autos)***
 Do you need Auto Physical Damage Coverage for any vehicles? Yes No
 If yes, please provide the following information:
 - a. Owned/Leased Autos: *Please complete the auto schedule below.*
 - b. Hired/Rented Autos: Please provide maximum value of any hired/rented auto: \$
4. Do you supply vehicles to others for use in connection with your business or events? Yes No
If yes, we recommend that Motor Vehicle Record (MVR) checks be performed on all drivers.
5. Do you provide transportation for event participants? Yes No
6. Do you use 15 passenger vans in connection with your business or events? Yes No
 If yes, do you pull trailers or top load the vans when transporting passengers? Yes No

Auto Schedule: (attach as many pages as necessary to list all owned or leased vehicles)

1. Vehicle #
2. Type of Vehicle: Private Passenger Auto Light Truck/SUV Other:
3. Year: Make: Model:
- \$. VIN: Cost New: \$ Owned Leased
5. Garage Location:
6. Name of Primary Driver: Date of Birth:
7. Driver's License Number: License State:
- MVR checked? Yes No

1. Vehicle #
2. Type of Vehicle: Private Passenger Auto Light Truck/SUV Other:
3. Year: Make: Model:
- \$. VIN: Cost New: \$ Owned Leased
5. Garage Location:
6. Name of Primary Driver: Date of Birth:
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3. Year: Make: Model:
- \$. VIN: Cost New: \$ Owned Leased
5. Garage Location:
6. Name of Primary Driver: Date of Birth:
7. Driver's License Number: License State:
8. MVR checked? Yes No

PROPERTY	N/A
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1. Physical Address:
2. Building Use: Office Storage Other:
3. Construction Type: Frame Joisted Masonry Masonry Non-Combustible
 Modified Fire Resistive Fire Resistive
4. Year Built: Building Square Footage:
5. Building Updates (Year): Wiring: Roofing: Plumbing: HVAC:
6. Sprinkler System? If yes, describe: Yes No
7. Fire Alarm System? if yes, describe: Yes No
8. Security System? If yes, describe: Yes No

9. Please fill in the values to determine your total Replacement Cost amount for business Personal Property and Leasehold improvements at ALL locations. TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR PROPERTY AT ALL OF YOUR LOCATIONS.
 Provide TOTAL values for each of the categories below:

(Please attach separate list of any individual property items with value over \$5,000)

Supplies and Inventory (such as office supplies, items held for sale):	\$
Equipment and Contents: (such as tables, chairs, table coverings, event equipment, computers, electronics, phone/fax system, office contents, etc.)	\$
Leasehold Improvements and Betterments (items you have installed or altered at your expense, such as floor ing, wall cove rings, mirrors, ceiling tile, window treatments, lighting, shelving, etc.)	\$
Signs: (indoor and outdoor)	\$
Miscellaneous Equipment – Describe:	\$
Rental Equipment (equipment that you rent from others)	\$
Total Replacement Value for all locations (add all lines above)	\$

10. Additional Interest:

ABUSE AND MOLESTATION	N/A
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1. Does your current insurance program include Abuse and Molestation Coverage? Yes No
 If yes, what are the limits? \$
2. Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Do you have a written crises plan in place for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No
 If yes, explain:
5. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
6. Are formal written procedures in place for hiring? Yes No
7. Do volunteers work directly with clients? Yes No
8. Is there formal staff training on child/sexual abuse, including how to recognize the signs? Yes No
9. What procedures are in place to make sure no relationship occurs between staff and clients?
10. Are there procedures prohibiting closed door one-on-one meetings / counseling? Yes No
11. Is there more than one person responsible for the welfare of any single patient? Yes No

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|-----|---|-----|----|
| 12. | Have any incidents resulted in an allegation of sexual abuse? | Yes | No |
| | Was the case settled? | Yes | No |
| | Was the case taken to trial? | Yes | No |
| | Amount paid for damages to the victim: \$ | | |
| 13. | Do you run criminal background checks on employees? | Yes | No |
| 14. | Do you run criminal background checks on volunteers? | Yes | No |

EVENT SCHEDULE

(attach as many pages as necessary to list all events)

- | | | | | |
|----|--|-------------------------------|-----|----|
| 1. | Event Number: | | | |
| 2. | Event Name: | Event Date(s): | | |
| 3. | Event Location: | | | |
| 4. | Event/Activity Description: | | | |
| 5. | Estimated event revenues: \$ | Number of Event Participants: | | |
| 6. | Do you collect signed waivers? | | Yes | No |
| 7. | Is this Event sanctioned through a National Governing Body or Association? | | Yes | No |
| | If sanctioned, please provide the name of sanctioning body: | | | |
| | If not sanctioned, do you want us to provide a quote for Event Liability coverage? | | Yes | No |

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| | If sanctioned, please provide the name of sanctioning body: | | | |
| | If not sanctioned, do you want us to provide a quote for Event Liability coverage? | | Yes | No |

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 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 WHICH 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 MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)