

# Go Kart Tracks Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

## UNDERWRITING INFORMATION

1. Gross Annual Sales: \_\_\_\_\_ Go-kart track operation: \_\_\_\_\_  
Concessions: \_\_\_\_\_

2. Is track limited to go-karts (e.g. no cars, motorcycles, or motorized scooters) .....  Yes  No

3. Who manufactured the Karts? \_\_\_\_\_

4. Do Karts have an on board governor to limit top speed? .....  Yes  No

Do the Karts have an automatic shut off? .....  Yes  No

5. What is the maximum speed of the Kart? ..... \_\_\_\_\_ MPH

6. Does a qualified mechanic maintain Karts? .....  Yes  No

7. What is the maximum number of riders per Kart? .....  1  2

8. Are age and height restrictions in place? Explain below. \_\_\_\_\_

9. Are signs clearly posted that outline the drivers' responsibilities when driving the Kart? .....  Yes  No

(Describe below and/or provide picture of signs containing verbiage for review)

Are all rules and regulations strictly enforced? .....  Yes  No

10. Are all attendants' supervisors or monitors at least 19 years of age? .....  Yes  No

Explain. \_\_\_\_\_

11. Are employees in full view of the track at all times? .....  Yes  No

12. Are Karts gas or electric? .....  Gas  Electric

**UNDERWRITING INFORMATION (Continued)**

13. If Karts are gas please provide the following information:

- (a) Is fuel filling performed in a restricted area? .....  Yes  No
- (b) Is there appropriate protection and ventilation? .....  Yes  No
- (c) Are "No Smoking" signs posted? .....  Yes  No

14. Are vehicles properly cleaned after each fill? .....  Yes  No

15. How much gasoline is stored on the premises? ..... \_\_\_\_\_ Gallons

16. How is it stored? \_\_\_\_\_

17. Due to potential injury caused by accidental intake of hair, jewelry, or clothing please confirm the following are covered:

- (a) Axles .....  Yes  No
- (b) Gear boxes .....  Yes  No
- (c) Intake or exhaust ports .....  Yes  No

Describe any "no" responses. \_\_\_\_\_  
\_\_\_\_\_

18. Is the driver's area enclosed; e.g., molded fiberglass. ....  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

19. Does a 3-point harness restrain the driver? .....  Yes  No

20. Any other amusement rides or devices on premises? .....  Yes  No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

21. Are employees instructed to enforce all rules and regulations, even if it means ejection of a participant from the ride or refusal of service? .....  Yes  No

22. Please provide a complete description of the race track area, including the following:

(a) What is the surface of the track? \_\_\_\_\_

(b) What is the construction of the barriers? \_\_\_\_\_

(c) What is the height of the track barriers? \_\_\_\_\_

(d) Is it sufficient to prevent ejection or overturn? .....  Yes  No

(e) Do turn walls have tires or other impact materials for protection? .....  Yes  No

(f) Do patrons cross the drive path of other riders? (e.g., figure 8) .....  Yes  No

(g) Is facility set0up for nighttime operations? .....  Yes  No

If yes, describe (lighting, etc.) \_\_\_\_\_

(h) Is track secured / marked to prevent spectators from access .....  Yes  No

23. Do you have warning signals or an audio system to notify patrons of potential accidents or obstructions on the track?

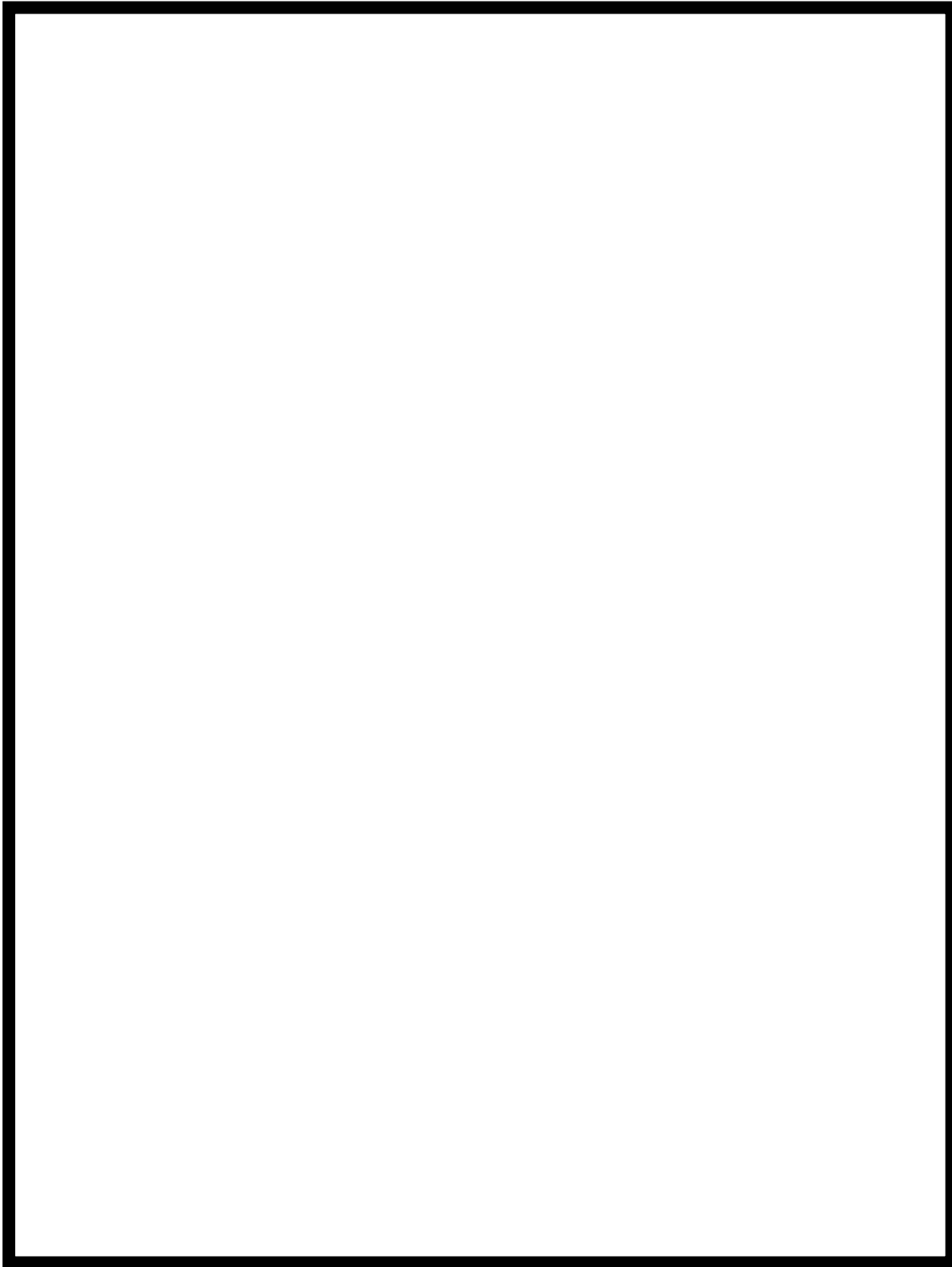
.....  Yes  No

Explain. \_\_\_\_\_  
\_\_\_\_\_

24. A diagram of the track is required, including spectator areas, crossovers, or other unique hazards.

**PLEASE COMPLETE THE ATTACHED SHEET.**

DIAGRAM OF PREMISES (ITEM #24)



**UNDERWRITING INFORMATION (Continued)**

25. Any additional information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

**To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Arkansas**

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 fines and confinement in prison.

**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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia**

**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.

**Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## **Kentucky**

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.

## **Louisiana**

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 fines and confinement in prison.

## **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

## **New Mexico**

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.

## **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

## **Ohio**

Any person who, with intent to defraud or knowing that he/she 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.

## **Oklahoma**

**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.

## **Pennsylvania**

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 act, which is a crime, and subjects such person to criminal and civil penalties.

## **Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

## **Virginia**

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.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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Producer's Signature	Date	Applicant's Signature	Date
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