



APPLICATION for: **INDOOR / OUTDOOR KARTING**

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

1. The Application must be signed by an executive officer.
2. This Application and all exhibits shall be used for purposes of this coverage only.
3. The terms as used herein shall have the meanings as defined in the Policy.

Applicant Name: _____

Website: _____

OPERATION INFORMATION:

1. Business Hours: _____

2. Programs offered: Groups Racing programs Team building Other (please list)

3. Minimum age of participant: _____ Please list any other age restrictions: _____

4. Minimum height of participant: _____ Please list any other height restrictions: _____

5. List personal safety equipment required: (*helmets, head sock, racing suit, gloves etc.*) _____

6. List personal safety equipment required supplied by you: _____

7. Describe pre-session training:

8. Is a licensing program in place? Yes No

9. Provide projected receipts for all activities:

Karting	\$ _____	Liquor	\$ _____
Concessions	\$ _____	Restaurant	\$ _____
Arcade	\$ _____		\$ _____
Conference/Party Room	\$ _____		\$ _____

10. Provide Financials \$ _____

11. Is an employee handbook available? *(If Yes, please provide a copy)* Yes No

12. Provide diagram of track showing the following:

- a. Barrier type and locations.
- b. Fire extinguisher locations.
- c. Fuel storage tank location (for gas karts).
- d. Battery re-charge stations (for electric karts).
- e. Spectator viewing areas with protection.

13. What is the age of building: _____

14. What is the size of building: _____ s.f.

15. Size of area used for karting: _____ s.f.

16. Is there a procedure for maintenance and cleaning of karting area? Yes No

If Yes, please describe: _____

17. Kart manufacturer: _____

18. Gas Electric

19. Are customer karts allowed? Yes No

20. Top speed of adult karts: _____ mph Minimum age: _____

21. Top speed of youth karts: _____ mph Minimum age: _____

22. Is there at least one fire extinguisher within 70 feet from any point on track? Yes No

23. Total number of karts: _____

24. Number on track at any one time: _____

25. Number of on track monitors: _____

26. Are all of the moving engine parts guarded to prevent hair entanglement? Yes No

27. Provide kart maintenance schedules.

28. Provide copy of posted rules and regulations.

29. Does each kart have a manufacturer approved gas (if gas) filler cap? Yes No

30. Is building air exchange system in place? Yes No

31. What is the air exchange rate per hour? _____

32. How often is air quality checked? _____

33. Explain refueling/recharging procedures and location: _____

34. Is battery recharge area ventilated? Yes No

ANCILLARY ACTIVITIES:

Restaurant / Snack Bar Not applicable

1. What is the food and beverage exposure? Full Service Snack Bar Sub-contracted (Lessor's Risk only)

2. Indicate which of the following apply and the number of each: Ranges Ovens Deep Fryers

Grills Broilers Griddles

3. Are all cooking surfaces properly fire protected? Yes No

4. Are portable "K" fire extinguishers provided in the kitchen? Yes No

5. What type of Automatic Extinguishing System (AES) is in place? Wet Dry

6. Do you have a contract for servicing and maintaining the Automatic Extinguishing System? Yes No

7. How often is the serviced and maintained? Monthly Quarterly Semi-Annually Annually

8. Do you have a contract for cleaning hoods and ducts? Yes No

9. How often are hoods and ducts cleaned? Monthly Quarterly Semi-Annually Annually

10. How often are filters cleaned? _____

11. Will beer or liquor be sold? Yes No

Who holds the valid license? _____

Total liquor receipts: \$ _____ Total food receipts: \$ _____

Do you obtain certificate from third party? Yes No

12. Have all alcohol servers had alcohol awareness training? Yes No

13. Explain alcohol / driving controls:

Climbing Walls Not applicable

1. Who built the walls? _____

2. What safety equipment will participants be using? _____

3. Is there some type of safety back-up (describe)? _____

4. How many participants are anticipated during policy period? _____

5. Please provide a copy of any waiver/release you propose to use.

6. Please provide diagram and photos of the wall along with any brochures produced.

7. Provide manufacturer name and age of harness equipment. _____

8. Provide picture of base fall protection.

9. Is belay system manual or automatic? _____

10. What is the wall height? _____

11. How many climbers will wall accommodate at one time? _____

Zip Lines Not applicable

1. Who constructed the line? _____

2. How often is the line inspected? Monthly Quarterly Semi-Annually Annually

By whom? _____

3. Please provide a copy of any waiver/release you propose to use.

4. Please provide photos of the line along with any brochures produced.

5. Provide copy of rules and regulations, and pictures of start point signage.

6. List all other amusement devices on site: _____

By signing this questionnaire the undersigned declares, to the best of his/her knowledge, all statements to be true, complete and accurate. The completion and submission of this questionnaire shall not be binding to the prospective insured or the company until coverage is confirmed bound by the insuring company.

Applicant's Signature

Date