

MOTORSPORT TRACK & EVENT INSURANCE

Please ensure that all questions are answered fully and correctly in ink. Once completed this proposal form should be returned to your Insurance Intermediary.

GENERAL DETAILS

1. Name of Proposed Insured:

2. Correspondence Address:

Postcode:

3. Web Site Address:

4. Business Description:

5. How long has your business been established?

6. Do you belong to any Trade Associations? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please supply full details:

7. Date you would like Cover to commence:

8. Please indicate if 'annual' cover or if 'one off' cover is required:

9. If cover is required for a 'one off' event please state start & finish dates, including setting up & taking down:

10. Is your track/event, MSA, FIA, ACU, or your national equivalent body approved:
- | | |
|------------|-----------|
| Yes | No |
|------------|-----------|
11. Does the track/circuit hold a current license, MSA, ACU or other:
- | | |
|------------|-----------|
| Yes | No |
|------------|-----------|
12. Is there a written contract between the owners of the land and club:
- | | |
|------------|-----------|
| Yes | No |
|------------|-----------|

LOCATION DETAILS

1. Risk Location(s):
- a)
-
- Postcode:
- b)
-
- Postcode:
2. Number of years at above stated location(s):
- a)
-
- b)
-
3. Please specify type of event:
-

COVER REQUIRED

1. Please select from the table below the Covers which are required: (please circle relevant answer)
- | | | | |
|------------------|---|------------|-----------|
| Property | Fire, Perils and Theft | Yes | No |
| | All Risks including Subsidence
<small>(Please note Theft cover would be provided on a forcible & violent basis only)</small> | Yes | No |
| Liability | Employers Liability | Yes | No |
| | Public Liability | Yes | No |
| Products | Incidental only
<small>(e.g. food, drink, memorabilia, souvenirs etc.)</small> | Yes | No |

2. Are these covers currently insured? (please circle relevant answer)

Yes	No
------------	-----------

4. Existing Insurer:

5. Renewal Date:

PROPERTY – Section 1

If Property cover is not required please go to Section 2.

BUILDINGS

1. Describe occupancy of all buildings:

2. Are all buildings constructed of Brick, Stone, Slate or Tile? (please circle relevant answer)

Yes	No
------------	-----------

If 'No' please supply full details:

3. Approximate age of buildings:

4. Please detail construction, age and condition of any outbuildings:

5. What method of heating is used in the main building?

PROTECTIONS, SECURITY & PREMISES

1. Are the premises alarmed? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please supply details of method of signalling:

2. Is it NACOSS approved? (please circle relevant answer)

Yes	No
------------	-----------

3. Is it maintained under an annual maintenance agreement? (please circle relevant answer)

Yes	No
------------	-----------

4. Is there a fire alarm? (please circle relevant answer)

Yes	No
------------	-----------

5. Please provide details of physical security to windows and doors:

6. Are the premises occupied overnight? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

7. Are the premises well maintained? (please circle relevant answer)

Yes	No
------------	-----------

8. Is the area: (please circle relevant answer)

Liable to flooding	Yes	No
Known to have a history of vandalism	Yes	No
Unduly exposed to the elements	Yes	No

If 'Yes' please provide details:

9. Please provide details of any other material facts:

CLAIMS

1. Details of claims history during last 5 years:
(Note: confirmed claims history from previous Insurers will be required once cover is incepted.)

Date	Cause	Amount

Please provide details of any remedial action taken following losses:

SUMS INSURED

Material Damage

Buildings (fixed)	£
Buildings (temporary)	£
Stock – general	£
Stock – wine, spirits & tobacco	£
Machinery, plants & all other contents	£
Temporary stands/stage	£
Marquees	£
Audio Visual Equipment	£
Computer Equipment - Premises	£
Computer Equipment - UK	£
Tools & portable items	£
Personal effects	£
Other items to be insured (details to be provided)	£

Business Interruption

Gross Revenue	£			
Gross Profit	£			
Increased cost of working	£			
Indemnity Period required (please circle relevant answer)	12	18	24	36
Book debts	£			
Loss of license	£			

Glass

Sum Insured (please note this section is automatically included if buildings cover is required)	£
--	---

Money

Annual carryings – Own employees	£
Annual carryings – Security company	£
Maximum amount carried at any one time	£
Money limit on premises during business hours	£

Is 'Money in Safe' cover required? (please circle relevant answer)

Yes	No
------------	-----------

Details of safes on premises:

Make/Model no.	Location/How fixed	Limit (£)

Frozen Food

List Appliances and Age:

Make	Age	Limit (£)

LIABILITY – Section 2

GENERAL

1. Are the premises maintained in good repair? (please circle relevant answer)

Yes	No
------------	-----------

Please give details of maintenance programme:

2. Do you comply with all regulations relating to the maintenance & safety of your equipment?
(please circle relevant answer)

Yes	No
------------	-----------

3. Do you have any mobile plant & or vehicles not licensed for road use? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

4. Are there any hazardous substances used or stored? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details of type, use & handling:

5. Has the event got a Health & Safety Policy? (please circle relevant answer)

Yes	No
------------	-----------

6. How many events have you planned for this year?

(Please attach a schedule if appropriate)

7. Are spectators & participants contained behind barriers? (such as crowd control fence)
(please circle relevant answer)

Yes	No
------------	-----------

8. Are all 'off limits' areas fully sign posted and manned? (please circle relevant answer)

Yes	No
------------	-----------

9. Is all track activity supervised? (please circle relevant answer)

Yes	No
------------	-----------

10. Are Marshals or other safety officials provided for the event? (please circle relevant answer)

Yes	No
------------	-----------

11. Are all paddock areas, pit roads & spectators areas completely fenced? (please circle relevant answer)

Yes	No
------------	-----------

12. Are any spectators permitted to enter pits or restricted areas during competition?
(please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

13. Attendance:

Total Attendance Last year	
Estimated Attendance This Year	
If the Event lasts more than one day, Estimated Maximum Attendance Any One Day	

14. Please provide details of any other facilities offered to patrons?
(e.g. overnight camping facilities, playground/reception equipment, restaurants etc)

15. Are all Grandstands regularly maintained & inspected? (please circle relevant answer)

Yes	No
------------	-----------

16. Please state Maximum Capacity:

17. Please state Age of Grandstand:

18. Please provide details of what precautions are taken to prevent 'debris' from entering spectators' areas:

19. Is the Proposed events/site(s) in compliance with the local authority regulations?
(please circle relevant answer)

Yes	No
------------	-----------

20. Is there an Emergency Evacuation plan established/in place? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

21. How is Marshalling provided for the event(s)?

22. Please state average number of Marshals on duty per day:

23. Are qualified race vehicle technical inspectors provided? (please circle relevant answer)

Yes	No
------------	-----------

24. Are Participant vehicles/motorcycles scrutinised/inspected before the event? (please circle relevant answer)

Yes	No
------------	-----------

25. Are drivers under the age of 16 permitted? (please circle relevant answer)

Yes	No
------------	-----------

26. Please state the maximum number of:

	Per Event	In Total
Competitors		
Vehicles		
Motorcycles		

27. Are approved helmets & safety clothing required by all participants? (please circle relevant answer)

Yes	No
------------	-----------

28. Are approved restraint belts required? (please circle relevant answer)

Yes	No
------------	-----------

29. Do all participants sign 'Condition of Use' forms including appropriate 'Waiver & Release' condition? (please circle relevant answer)

Yes	No
------------	-----------

30. Are all participants briefed before the event? (e.g. track discipline, flags, safety rules) (please circle relevant answer)

Yes	No
------------	-----------

31. Are participants divided into groups by ability and or vehicle type? (please circle relevant answer)

Yes	No
------------	-----------

32. Are qualified instructors available to participants (Both car & motorcycle)? (please circle relevant answer)

Yes	No
------------	-----------

33. Are participants permitted to carry passengers? (please circle relevant answer)

Yes	No
------------	-----------

34. Do you require a valid driver's licence to participate and it is checked prior to the event? (please circle relevant answer)

Yes	No
------------	-----------

35. Do you advise participants on basic vehicle set-up for track use? (e.g. secure battery, taping lights etc) (please circle relevant answer)

Yes	No
------------	-----------

36. Do you control track access for designated sessions? (e.g. driver wristbands) (please circle relevant answer)

Yes	No
------------	-----------

37. Will there be medically trained personnel on site during the event? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details (inc. number and type of personnel):

38. Are all your contractors/suppliers fully insured? (please circle relevant answer)

Yes	No
------------	-----------

39. Who is responsible for cleaning up the site after the event(s)?

COVERS/LIMITS OF INDEMNITY

Employers Liability (£10million)

Please provide details of your current wage roll for:

Clerical	£
Managerial (not manual activities)	£
Retail	£
Manual (details of duties to be provided)	£

Public & Products Liability

Please state limit of indemnity required: (please circle relevant answer)

£1million	£2million	£5million	£10million
------------------	------------------	------------------	-------------------

Please provide details of your estimated turnover for the coming year:

	Direct	Bonafide Subcontractors
UK		
Europe		
Worldwide		

CLAIMS

1. Details of claims history during last 5 years:

(Note: confirmed claims history from previous Insurers will be required once cover is incepted.)

Date	Cause	Amount

Please provide details of any remedial action taken following losses:

DECLARATION

1. Has any Insurer ever declined to accept, cancelled or refused to renew your cover?
(please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:



2. Has any Insurer ever imposed any special conditions on your cover? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

3. Have you or any Partner, principal or Director ever:

a) been declared bankrupt or insolvent in connection with this or any other business in this or any other name?

Yes	No
------------	-----------

b) been the subject of any County Court Judgements or Sheriff Court Decrees?

Yes	No
------------	-----------

c) been convicted or charged (but not yet tried) with any criminal offence?

Yes	No
------------	-----------

d) committed an offence to which you or they have admitted and for which you or they have received an official Police caution?

Yes	No
------------	-----------

I/We agree that if this insurance contract is completed, then I/we will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

The information provided in connection with this questionnaire, whether in my/our hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of material facts will entitle Underwriters to void the contract.

I/we declare that no insurer has refused to accept a proposal or renew a policy, nor imposed any special terms.

I/we understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/we agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/we understand that any change in information must be notified immediately and no cover exists until such change has been approved by underwriters.

Signed: **Date:**

Position:

Completion of this Proposal Form does not bind either the Proposer or Insurer to complete a Contract of Insurance. No Cover is applicable until confirmed by Insurers. A copy of this Proposal Form should be retained by you for your records.

Please return this Proposal Form when completed to:

Leisure & Sport Insurance, c/o The John Reynolds Group Ltd
Stamford House, Northenden Road, Sale, Manchester, M33 2DH

Tel: 0845 263 8151, Fax: 0845 263 8152, Email: info@leisureandsport.co.uk, Web: www.leisureandsport.co.uk