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www.kandkinsurance.com  
CA #0334819

# HORSE TRACK LIABILITY INFORMATION FORM

Insured's name (as will appear on policy): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Track address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Does the Named Insured own the track premises? .....  Yes  No

**IF NO, PLEASE ATTACH A COPY OF CURRENT LEASE AGREEMENT.**

2. Are grounds completely fenced? .....  Yes  No

If no, explain: \_\_\_\_\_

3. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER	(DESCRIBE)
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Concession Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Liquor Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
First Aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Fireworks Displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Amusement Devices/Rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. Do all subcontractors and/or facility users carry liability limits at least equal to \$1,000,000?.....  Yes  No

Is facility listed as an additional insured, indemnified and held harmless?.....  Yes  No

**PLEASE PROVIDE COPIES OF CONTRACTS AND CERTIFICATES OF INSURANCE.**

5.	<u>Additional Insured</u>	<u>Business Relationship</u>	<u>Certificate Required</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. Number of years the current owner has owned this facility: \_\_\_\_\_

7. Number of years the current management has been involved with the track: \_\_\_\_\_

8. Type of racing: \_\_\_\_\_

9. Dates of racing season(s): \_\_\_\_\_

a. Number of live racing days: \_\_\_\_\_

b. Average daily attendance (live racing): \_\_\_\_\_

c. Number of simulcast days (with no live racing): \_\_\_\_\_

d. Average daily attendance (simulcast days): \_\_\_\_\_

e. Annual Attendance last year: \_\_\_\_\_ Live Racing: \_\_\_\_\_ Simulcast: \_\_\_\_\_

10. Do you own/operate any off-track betting locations?.....  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total non-betting receipts: \_\_\_\_\_

11. List total grandstand capacity: \_\_\_\_\_ age: \_\_\_\_\_

Construction: \_\_\_\_\_

List total clubhouse capacity: \_\_\_\_\_ age: \_\_\_\_\_

Construction: \_\_\_\_\_

List total bleacher capacity: \_\_\_\_\_ age: \_\_\_\_\_

Construction: \_\_\_\_\_

12. Fire prevention services on site: \_\_\_\_\_

a. What percentage of the grandstand/clubhouse is sprinklered? \_\_\_\_\_ %

b. Are fire extinguishers easily accessible in all buildings?.....  Yes  No

How often are they checked? \_\_\_\_\_ By Whom? \_\_\_\_\_

c. Are hydrants and hoses strategically located and accessible?.....  Yes  No

Is water source:  Municipal line  On premises reservoir

Fire station tank truck  Other: \_\_\_\_\_

13. Are any non-racing activities or exposures sponsored by the track management held at this facility during:

Non-racing season?.....  Yes  No

Racing season?.....  Yes  No

On race days?.....  Yes  No

If yes, explain and **PROVIDE A COMPLETE LISTING OF ALL EVENTS:** \_\_\_\_\_

14. PLEASE ATTACH A SCHEDULE OF ANY NON-RACING EVENTS, NOT SPONSORED BY TRACK MANAGEMENT, FOR WHICH COVERAGE IS DESIRED.

15. Are there any other types of attractions or facilities on the grounds such as playgrounds, parks, ponds, etc. for which coverage is desired? .....  Yes  No

Height of slide: \_\_\_\_\_

16. Is an overnight public campground provided? .....  Yes  No

If yes, how many spaces? \_\_\_\_\_

Is 24-hour campground security maintained?.....  Yes  No

**PLEASE SUBMIT A COPY OF THE RULES AND REGULATIONS REGARDING CAMPING CONDUCT.**

17. Does the insured do any off-premises catering? .....  Yes  No

18. Does the insured self-promote and/or co-promote any concerts? .....  Yes  No

19. Does the insured operate any Steeplechase events? .....  Yes  No

20. Does the insured own and/or operate a mechanical bull? .....  Yes  No

21. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? .....  Yes  No
22. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? .....  Yes  No
- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? .....  Yes  No
- Minimum Liability Limits required? .....  Yes  No
- Do you require coverage to be shown for both General Liability and for Participant Legal Liability?..  Yes  No
23. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? .....  Yes  No
24. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? .....  Yes  No
25. Does the course involve any mud obstacles? .....  Yes  No

**Please enclose the following items along with this application and forward to K&K Insurance Group, Inc.:**

- Copy of all contracts/lease agreements/hold harmless agreements between the track management and any other party with regard to this operation.**
- Diagram and photos of track location.**
- Written/printed emergency evacuation plan.**
- Current schedule of events**
- Current financial report.**
- Five (5) year detailed loss history from previous carrier.**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)