



RACING SPECIAL EVENTS SUPPLEMENTAL APPLICATION
(Complete in addition to Special Events Application: GLS-APP-9s)

- 1. Named Insured:
2. Track Name:
3. Promoter's and/or Sponsor's Name:
4. Type of Race(s) (i.e., Stock Cars, Sprint or Midget, Motorcycles, ATVs, 4 Wheelers, Tractors, Trucks, Semi-Trucks, Snowmobiles, etc.):
5. Number of Event dates planned for current year: Number of Events held last year:
6. Annual Receipts: \$
7. Average attendance per Event date: Maximum attendance per Event date:
8. Track Description:
A. Attach diagram showing the following:
1. Location of all grandstands/bleachers and any other area where spectators are allowed;
2. Pit area location including entrance and exits;
3. Location of debris fence and barriers;
4. Location of designated parking areas;
5. Location of all concessions, rest rooms, medical facilities, etc.;
6. Location of crowd control fences; and
7. Shape of track (straight, oval, serpentine, etc.).
B. Length of track:
C. Track surface (dirt, concrete, asphalt, other):
9. Barriers:
Construction type/material:
Height: Thickness:
How many feet from the lowest set of seats or spectator area to the barrier?
Does barrier protect: Pit Area? Spectator Areas? Private Property?

10. Debris Fence:

Fence post material (wood, concrete, metal): _____

Number of feet between fence posts: _____

Height above racing surface: _____

Type/gauge of fence wire: _____

Does debris fence protect all Spectator Areas? Yes No

11. Seating:

Grandstand or bleacher seating capacity: _____

Grandstand/bleacher construction material: _____

Age: _____

Are spectators permitted to sit in: Their autos to watch the race? Yes No

The infield? Yes No

The pit area? Yes No

Are there grandstands in the pit area? Yes No

Are the grandstands in the pit area protected by a barrier? Yes No

12. Are there any playground/amusement rides on the premises? Yes No

13. Is there a medical or first aid facility on the premises? Yes No

14. Does the applicant have a Web Site? Yes No

If Yes, provide the Web Site address: _____

15. Contact Person: _____

Phone Number: _____

APPLICABLE IN THE STATE OF NEW YORK:

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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)