



COSSIO INSURANCE AGENCY

GO KART TRACKS SUPPLEMENT APPLICATION

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to the e-mail listed below.

Name of insured: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Contact Person: _____

Who manufactured the Karts? _____

Do Karts have an on board governor to limit top speed? yes no

What is the maximum speed of the Kart? _____ MPH

Does a qualified mechanic maintain Karts? yes no

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

Are age and height restrictions in place? yes no

Explain: _____

Are signs clearly posted that outline the driver's responsibilities when driving the Kart? yes no

Are all rules and regulations strictly enforced? yes no

Are all attendants' supervisors or monitors at least 19 years of age? yes no

Explain: _____

Are Karts gas or electric? Gas Electric

If Karts are gas please provide the following information:

Is fuel filling performed in a restricted area? yes no

Is there appropriate protection and ventilation? yes no

Are "No Smoking" signs posted? yes no

Are vehicles properly cleaned after each fill? yes no

How much gasoline is stored on the premises? _____ Gallons

How is it stored? _____

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

Axles: yes no

Gear boxes: yes no

Intake or exhaust ports: yes no



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Describe any "NO" responses: _____

Are driver areas enclosed e.g., molded fiberglass yes no

If yes, explain: _____

Any other amusement rides or devices on premise? yes no

If yes explain: _____

Are employees instructed to enforce all rules and regulations even if means ejection of a participant from the ride or refusal of service? yes no

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

What is the surface of the track? _____

What is the construction of the barriers? _____

What is the height of the track barriers? _____

Is it sufficient to prevent ejection or overturn? yes no

Do turn walls have tires or other impact materials for protection? yes no

Do patrons cross the drive path of other riders? (e.g. figure 8) yes no

Do you have warning signals or an audio system to notify patrons of potential accidents or obstructions on the track? yes no

Explain: _____

A diagram of the track is required, including spectator areas, crossovers, or other unique hazards.
PLEASE COMPLETE THE ATTACHED SHEET.

Any additional information: _____

WARRANTY

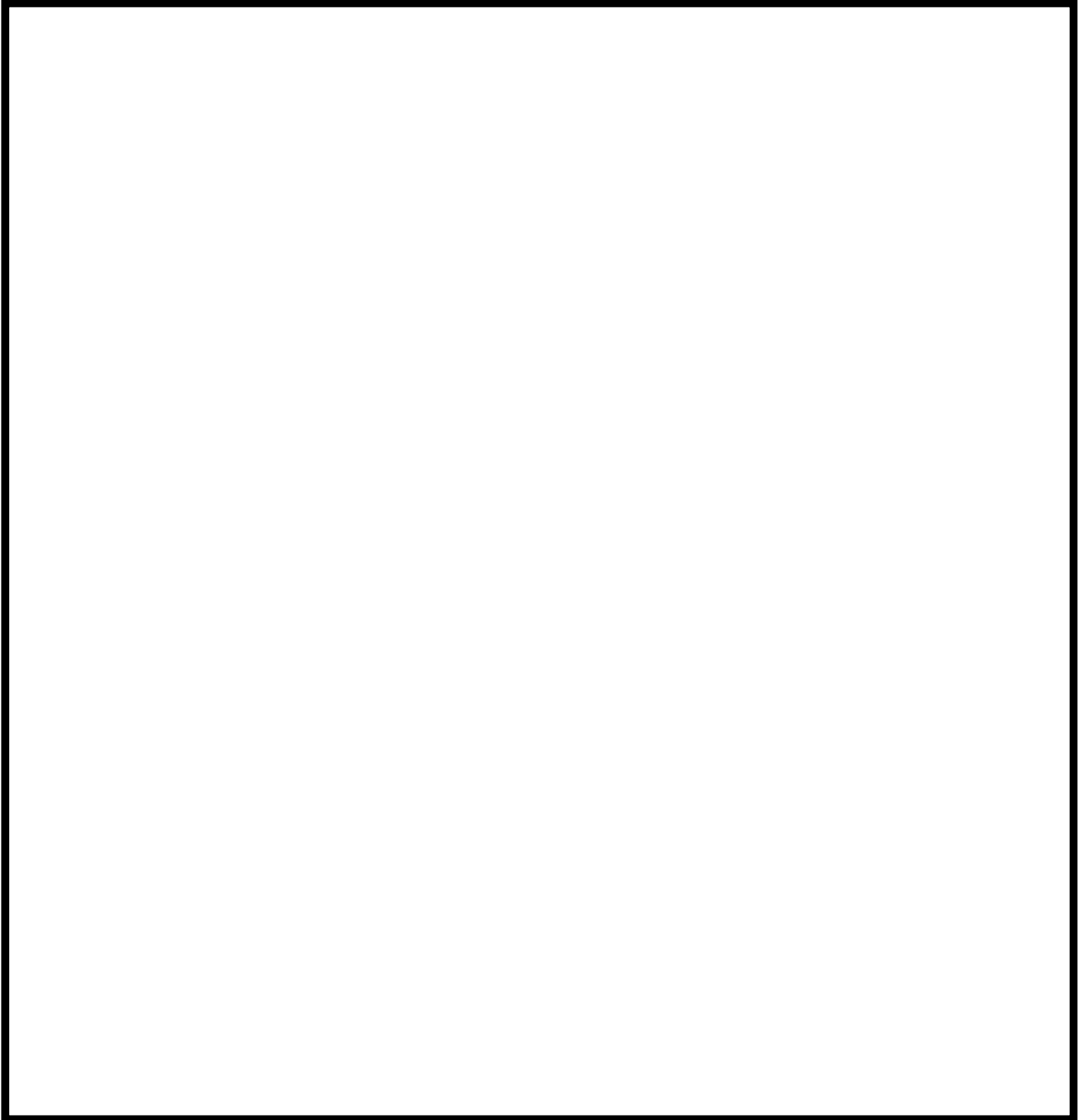
It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

(Signature of Applicant Mandatory)

(Date)

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APPLICATION**

DIAGRAM OF PREMISES



NOTE: Make sure that you have answered all the questions correctly. Click the button below to save this application in your documents folder, and then send it back to one of the e-mail addresses listed below.

SUBMIT