





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

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

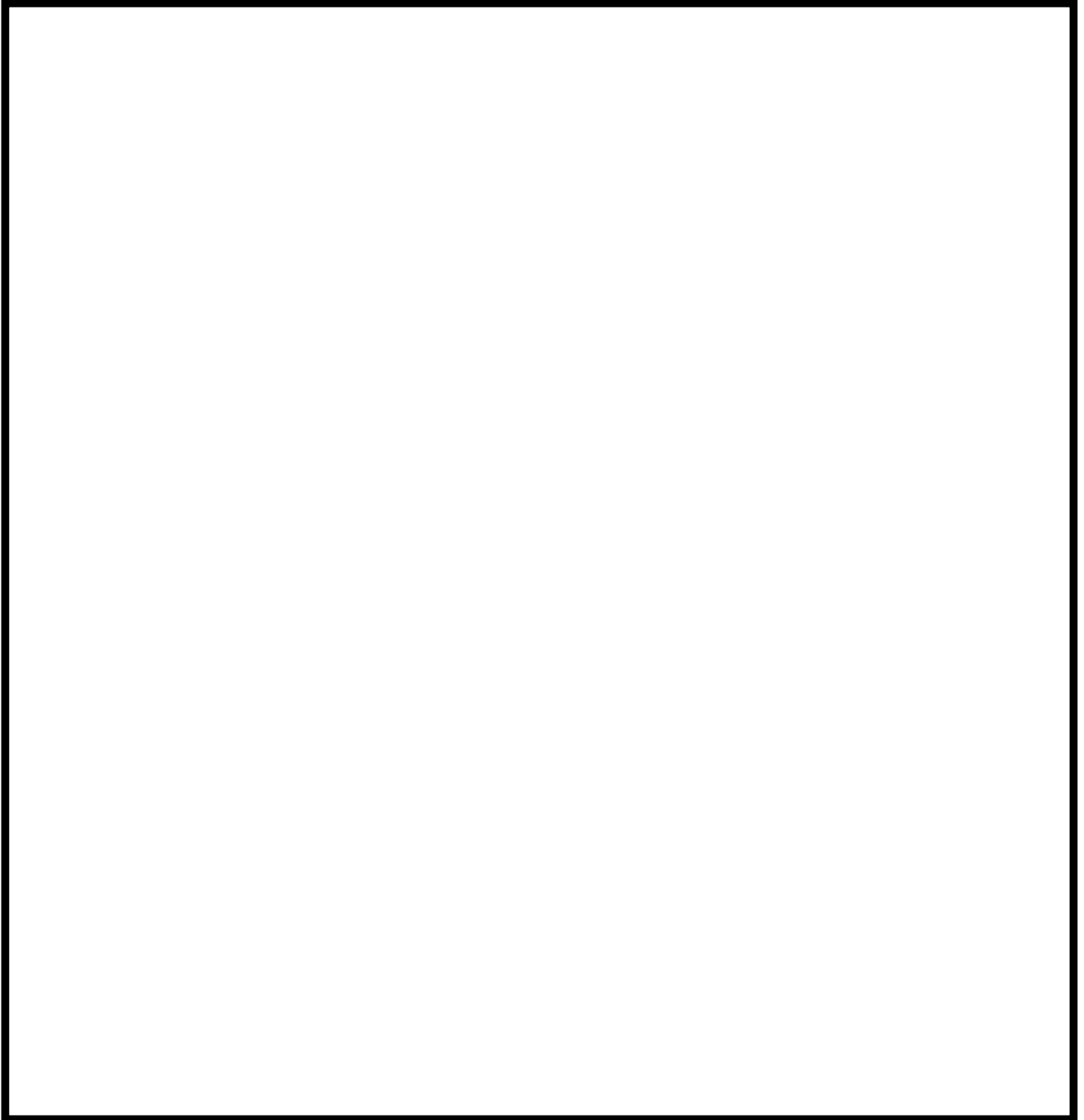
It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY 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)

**GO KART TRACKS SUPPLEMENT  
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.**