



## MOTORSPORTS FACILITY/EVENT APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
2. Please fill in all the fields with the correct information.  
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

### Section 1: GENERAL INFORMATION

How did you hear about us?

Name of Insured (as it will appear on policy):

Birth Date:

DBA:

# of Years in Business:

FEIN/SS#:

Mailing Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

Contact Person:

Position:

Website Address:

Email Address:

Phone Number:

Fax Number:

1. Nature of operations/description of event:

2. Insured is: ☐ Corporation ☐ Partnership ☐ Not-for-Profit Club or Assoc. ☐ Person

3. Policy Period Requested: From: To:

4. Estimated number of events and activities: (attach schedule)

5. Do you intend to have your non-events operations liability insured on an annual basis or just purchase coverage for only the specific events? Annual: Events Only:

6. Do your events have alcohol sales? ☐ Yes ☐ No (If no, skip to question 7)

If yes, are the license and/or sales controlled by you? ☐ Yes ☐ No

(If yes, complete and return the completed and signed liquor application) If not licensed and controlled by you, provide a certificate of insurance from the license holder showing your organization as an additional insured.

7. What limit of liability do you require? \$

8. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy? ☐ Yes ☐ No (please explain)

9. As respects to your operation(s), what types of contracts do you enter into?

Does the named insured assume liability for the other party? ☐ Yes ☐ No Provide copies of all contracts of this type

Does the other party assume the Named Insured's liability? ☐ Yes ☐ No Provide copies of all contracts of this type

Does each party assume its own liability? ☐ Yes ☐ No



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### Section 1: GENERAL INFORMATION (Continued)

10. Maximum Number of single day attendance:

11. Total annual attendance (estimated):

12. Estimated Gross Receipts: \$

| Additional Insureds | Business Relationship |
|---------------------|-----------------------|
|                     |                       |
|                     |                       |
|                     |                       |

**Note:** The event liability policy that we provide automatically provides as additional insured any person or organization engaged in operating, managing, sanctioning or sponsoring the covered program or providing the premises for the covered program including officials of the covered program, any participant, competition vehicle owner and competition vehicle sponsor. Only list those that have requested to have their names shown on a certificate of insurance. Who is an insured is endorsed to include those mentioned above but only in respects to the liability arising out of the operation(s) or premises owned or rented by the named insured.

### Section 2: UNDERWRITING INFORMATION

1. Does barrier/guardrail protect all spectator areas? ☐ Yes ☐ No

2. Does barrier/guardrail protect all pit/paddock areas? ☐ Yes ☐ No

3. Does barrier/guardrail protect all private property? ☐ Yes ☐ No

4. Does barrier/guardrail protect all worker stations? ☐ Yes ☐ No

5. Are spectators and participants contained behind positive barrier by use of a crowd control fence?  
☐ Yes ☐ No

6. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area? ☐ Yes ☐ No

7. Is pit/paddock area completely fenced from the spectator area? ☐ Yes ☐ No

8. Is pit road completely fenced? ☐ Yes ☐ No

9. Type of Medical Aid? ☐ Private Ambulance ☐ Public Ambulance  
☐ Other (Describe)

10. Number of licensed emergency medical attendants (two is minimum)?

11. Is there a separate vehicle containing fire and rescue equipment? ☐ Yes ☐ No

12. Is rescue/fire equipment track owned? ☐ Track Owned ☐ Sub-Contracted ☐ Fire Department

13. How many qualified fire and rescue personnel (two is minimum)?

14. Is all track activity supervised? (test and tunes, practice, etc.) ☐ Yes ☐ No

15. Are qualified tech inspectors provided? ☐ Yes ☐ No

16. Is technical inspection part of the event process? ☐ Yes ☐ No



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### Section 2: UNDERWRITING INFORMATION (Continued)

17. Are approved helmets required? ☐ Yes ☐ No

18. Maximum age and type of helmet that you approve? Age: \_\_\_\_\_ Type: \_\_\_\_\_

19. Are approved restraint belts required? ☐ Yes ☐ No

20. Maximum age of approved restraint belts that you approve?

21. Are drivers/riders under the age of 16 permitted? ☐ Yes ☐ No

22. If yes, what class? \_\_\_\_\_ What is the minimum age? \_\_\_\_\_

23. What is your minimum age for person(s) in the restricted/pit areas?

24. Do you have a procedure to ensure that all minor participants have on file the signed parental consent waiver and release? ☐ Yes ☐ No

25. Are you aware that minor participants must read, complete and sign only the minor waiver each time they participate in a covered program? ☐ Yes ☐ No

26. Is a Cossio Insurance Agency approved waiver and release form read, completed and signed by all participants before entering the restricted area and participating in the covered program? ☐ Yes ☐ No

27. Are other releases used? ☐ Yes ☐ No

28. Is the property completely fenced and/or secured from trespassers? ☐ Yes ☐ No

29. Is playground equipment provided? ☐ Yes ☐ No If yes, describe equipment below:

30. Is there any open water on your immediate property? ☐ Yes ☐ No  
If yes, how large? \_\_\_\_\_ How deep? \_\_\_\_\_ If yes, is it completely fenced? \_\_\_\_\_

31. Is overnight camping allowed during non-race activities? ☐ Yes ☐ No  
If yes, do you have hook-ups? ☐ Yes ☐ No How many? \_\_\_\_\_

32. Are aircraft permitted to land on the premises? ☐ Yes ☐ No

33. Does the property have and use grandstands? ☐ Yes ☐ No  
If yes, Permanent? \_\_\_\_\_ Age? \_\_\_\_\_ Temporary? \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

How often are the grandstands inspected for slip/trip/fall and collapse exposures?

Are the grandstand inspected by a third party? (forward copy of latest inspection report/certificate) ☐ Yes ☐ No

What type and how many security personnel are provided? ☐ Police ☐ Employees ☐ Volunteers  
☐ Independent Security Company (provide certificate of insurance)

35. Do you subcontract any of the following work or have the following independent contractor?

☐ Fuel ☐ Tires ☐ Welding ☐ Other Automotive ☐ Wrecker ☐ Food Vendor ☐ Souvenirs  
☐ Fireworks ☐ Stunt Performers ☐ Portable Toilets ☐ Other (please describe)

Please forward certificate of insurance for subcontractors adding your organization as an additional insured.

## Section 3: ANCILLARY EVENTS

Are you planning any of the following ancillary events or intermission shows?

☐ Skydivers ☐ Concerts ☐ Amusement Rides ☐ Fireworks

**Note:** The policies for which you are applying may not provide coverage for the exposures and activities listed above without written confirmation from Jones Brown Inc. Additional application and premium may be required. If you require coverage for the exposures and activities listed above, please contact Jones Brown Inc.

## Section 4: STOCK CAR RACING EVENTS

1. Track Length: ☐ Dirt ☐ Paved ☐ Other:

2. Events Scheduled: ☐ Closed Wheel ☐ Open Wheel ☐ Enduros ☐ Demolition Derby  
☐ Motorcycle/ATV ☐ Other:

3. Are reinforced right front wheels required? ☐ Yes ☐ No

4. Is rollover protection required on all vehicles? ☐ Yes ☐ No  
 If yes, describe per class:

5. Are all doors securely fastened? ☐ Yes ☐ No

## Section 5: DRAG RACING EVENTS

1. Strip Length: Shut Down Length:

2. Surface: ☐ Paved ☐ Dirt ☐ Sand ☐ Mud ☐ Grass ☐ Other:

3. How many events are scheduled with the following vehicles?

Blown Alcohol: Blown Nitro Methane: Jet:

4. Number of events that have more than 4 of the above vehicles?

5. Any events involving motorcycles only? ☐ Yes ☐ No

6. Do you distribute ear plugs to your spectators? ☐ Yes ☐ No

7. Are you aware of any local by-laws regarding noise pollution in your area? ☐ Yes ☐ No

8. What are your regular hours of operation?

9. Have you received complaints with regards to noise levels? ☐ Yes ☐ No

If yes, please provide details:

## Section 6: MOTORCYCLE EVENTS

1. Events Scheduled: ☐ Motorcross ☐ Flat track ☐ Scrambles ☐ Scrambles ☐ Road Course  
☐ Hare & Hound ☐ Freestyle ☐ Other (describe below)

2. Type of surface:

3. Is there a minimum distance of 30 feet between the course edge and the crowd control fencing/barrier protection at all jump areas at all times? ☐ Yes ☐ No

## Section 6: MOTORCYCLE EVENTS (Continued)

4. Is there a minimum distance of 20 feet between the course edge and the crowd control fencing/barrier protection at all other areas at all times? ☐ Yes ☐ No

5. Sanctioned? ☐ Yes ☐ No Name?

## Section 7: ROAD COURSE EVENTS

1. Length of Course:

2. Can the Course be subdivided into shorter courses? ☐ Yes ☐ No

3. If yes, what is the length of each course?

## Section 8: ALL OTHER RACING EVENTS/ACTIVITIES

Provide the details on a separate paper.

## Section 9: PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:

Name of insurance company:

Policy Expiry Date:

Policy Limits:

Policy Premium:

2. Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-Renewed

3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard copy loss run from present/prior insurers):

## Section 10: ADDITIONAL REQUIREMENTS

**Please provide the following along with the completed and signed application:**

1. Rules and regulations for all classes. (If you are using a sanction body rules and regulations, please advise and you do not have to send the sanction body rules)
2. Schedule of events and activities
3. Completed and signed liquor application (if applicable)
4. Certificates of insurance from subcontractors (if applicable)
5. Contracts for which you have agreed to accept the liability of others
6. Event Location Diagram and if possible, photos. On a separate sheet of paper, draw a diagram of the property and the track identifying: Spectator viewing areas, spectator parking areas, restricted areas, pit areas, barriers, fencing, concessions, restrooms, fire extinguishers, ambulance placement and the distances between the track and nearest crowd control/debris fencing.

## Section 11: FRAUD WARNING

**GENERAL STATEMENT:** Any person who knowingly and with intent to defraud any insurance company or another 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

**Section 11: FRAUD WARNING (Continued)**

insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**APPLICABLE IN COLORADO** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN MINNESOTA** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.



**Section 11: FRAUD WARNING (Continued)**

**APPLICABLE IN OKLAHOMA** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN WASHINGTON** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Cossio Insurance Agency for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON ANY APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENTALTIES.**

I confirm that I have read and understand the individual state fraud notices which are a part of this Jones Brown Limited application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties.

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. **THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF ANY POLICY, SHOULD A POLICY BE ISSUED AS A RESULT OF THIS APPLICATION. THE APPLICATION SHALL BE DEEMED A SCHEDULE TO SUCH POLICY, BUT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER UNLESS AND UNTIL A POLICY OF INSURANCE IS ISSUED IN RESPONSE TO THIS APPLICATION.**



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### Section 11: FRAUD WARNING (Continued)

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

### Section 12: SIGNATURE

Signature of Insured or Authorized Representative

Title:

Date:

By signing above, I authorize Cossio Insurance Agency, in accordance with state regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Digitally sign above and click the "Save Application" button to complete your application. Be sure to remember where you save it (usually in the "My Documents" folder). Then just send us an email to [apps@cossioinsurance.com](mailto:apps@cossioinsurance.com) and attach the PDF Application. You may also print out the application and mail it to PO Box 188, Simpsonville, SC 29681.

### POLICY RECOMMENDATIONS (Please check any you are interested in)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Accident Medical     | <input type="checkbox"/> Abuse / Molestation    |
| <input type="checkbox"/> Inland Marine     | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Commercial Auto        |
| <input type="checkbox"/> EPLI              | <input type="checkbox"/> Umbrella             | <input type="checkbox"/> Hired & Non-Owned Auto |
| <input type="checkbox"/> Cyber Liability   |   |   |

SAVE APPLICATION