



## Motorsport Track Liability Proposal Form

1. Full names of all partners/directors and relevant experience

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2. Trading Name

.....

3. If limited company, state company registration number

.....

4. Address for correspondence and telephone number

.....

.....

.....Post Code:.....Tel. No:.....

5. Addresses of all circuits where insurance cover is to apply

a) .....

b) .....

c) .....

d) .....

6. Business Description (please tick as appropriate)

Indoor Karting Centre !      Motor Cross Circuit !      Other (please specify) !

Outdoor Karting Centre !      Stock Car Circuit !

7. How long has your business been established ?

.....

8. Please attach a brochure if available when returning this form.  
We also require a plan of the track layout indicating the position of :

- i) Marshall Posts
- ii) Race commentator
- iii) Fire extinguishers
- iv) First aid posts

### EMPLOYERS LIABILITY



Standard Indemnity Limit is £10 Million

9. Is cover required and how many members of staff do you have ?

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10. Estimated annual wages :

Clerical	£.....
Track Staff	£.....
Mechanics	£.....
Other (please specify)	£.....

PUBLIC/PRODUCTS LIABILITY

11. Indicate indemnity limit required -

£1 Million	!
or £2 Million	!
or £5 Million	!

12. Estimated annual turnover for next 12 months £.....

13. a. How many vehicles are allowed to be used on the track at any one time?.....
- b. What types of vehicles are used?.....
- c. What is their maximum speed?.....
- d. What modifications are there?.....
- e. What is the maximum number of spectators?.....

14. Do you display prominent warning notices ? .....

15. a. What precautions do you take to avoid injury to drivers and spectators? (max. number of spectators)

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b. Do all drivers wear Crash Helmets and Overalls?.....



- 16. What extra safety precautions do you take to safeguard children ?  
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- 17. Do you allow driving by children?.....  
If so: i) what is the minimum age?.....  
ii) maximum age?.....  
iii) how much of you turnover applies to this?.....
- 18. Do you sell food or non-alcoholic beverages?.....
- 19. Are you licensed to sell alcohol ?.....

GENERAL QUESTIONS

- 1. Are you a member of any Association related to your business?.....If so, please give details.....
- 2. When is your financial year end?.....
- 3. Please give name and address of your accountants  
.....  
.....  
.....
- 4. Are you presently insured?.....  
If so, please give:  
Name of insurance company.....  
Expiry date.....  
Last years renewal premium paid.....



5. Have there ever been any incidents of loss, damage or injury resulting in a claim, whether insured or not?

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If so, please give details below :

Date	Details of incident	Amount paid
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6. Have there ever been any other incidents involving injury or damage to other persons or their property where a claim was not pursued against you ?

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DECLARATION

I/We have read, understand and will comply with, the guidelines supplied by an Approved relevant Association.

I/We declare, that all statements and particulars given by me/us have been checked as correct and that no material fact has been omitted, misrepresented or misread and I/We are not aware of any other circumstances likely to affect the risks proposed.

I/We agree that the statements made shall form the basis of the contract between the Insurer's and myself/ourselves. I/We undertake to pay the premium when called upon to do so when insurance cover has been effected.

I/We also agree to pay any additional premium due following adjustment of the policy in accordance with the conditions contained within the policy.

I/We confirm that I/We have never been refused and/or declined insurance and/or asked to pay increased premium and/or had special terms imposed.

Date..... Proposer's Signature .....

Notice to all Proposers: If a material fact is not disclosed in this proposal the policy issued may be of no effect.