



TEMPORARY EVENT INSURANCE ORDER FORM

Submit this completed insurance enrollment form (2) weeks prior to event.

CLUB ASSOCIATION OR PROMOTER: _____
ADDRESS: _____
Contact: Phone: _____

Additional Named Insureds Business Relationship
a. _____
b. _____
c. _____

EVENT DATE(S) _____ : Event is to be held: ■ Indoors ■ Outdoors
FACILITY NAME: _____
City: _____ Province: _____

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.

TYPE OF EVENT: _____ VEHICLE CLASS: _____

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch...):

Provide minimum ages of participant in each vehicle class.

Limits of Coverage Requested: ___ \$1,000,000 ___ \$2,000,000 ___ \$5,000,000

Send certificate to:

Name: _____
Email Address: _____
Special Instructions: _____

BARRIER:

Are there Guard Rails protecting all spectator and participant areas? ___ Yes ___ No Type of Material Used: _____
Height of Guard Rail? _____ " If other than concrete, what are the support posts? _____
Distance apart? _____

FENCE:

Is there a Crowd Control Fence? ___ Yes ___ No Type of Material: _____ Height: _____
Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall? ___ Yes ___ No

GRANDSTANDS:

___ Yes ___ No Age _____ : Construction: _____
Distance between course and grandstand: _____ Seating Capacity: _____
Distance between grandstand and crowd control fence: _____
Estimated Attendance: _____ Time Period of Show: _____ hours.
Any rows blocked off during event? ___ Yes ___ No If yes, show on diagram.
Ambulance present? ___ Yes ___ No Fire Extinguishers? ___ Yes ___ No Type: _____
Number of Medical Personnel? _____
Are you using StoneRidge Approved Insurance Release Form Procedures? ___ Yes ___ No
Number and type of security personnel: Uniformed Officers _____ Contracted _____ Employees _____

FOR MONSTER TRUCKS:

Do all trucks have remote ignition kill systems? ___ Yes ___ No

If Yes, are all systems tested prior to each event? ___ Yes ___ No

Ride truck present? ___ Yes ___ No If Yes, provide details regarding trucks and program.

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.)

FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:

What is the maximum speed allowed? _____

Maximum number of cars on course at one time? _____

FOR DRIVING SCHOOLS:

Number of instructors? _____ Number of students? _____

List experience of all instructors. _____ (only required for first event/new instructors)

Percentage breakdown of school instruction: Classroom time _____ %, On track time _____ %

Passing allowed? ___ Yes ___ No If Yes, under what

circumstances? _____

Who maintains school vehicles? _____

FOR RIDE AND DRIVE EVENTS:

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...)

Are passengers allowed? ___ Yes ___ No If Yes, what is the minimum age? _____

Is there any public road exposure? ___ Yes ___ No

Please forward completed request to:

StoneRidge Specialty Insurance
195 Franklin Boulevard, Unit 6
Cambridge, Ontario
N1R 8H3

Tel: 1-226-318-1744

Fax: 1-905-648-7399

Motorsport@stoneridgeinsurance.ca

IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Signature

Date