



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

GO KARTS SUPPLEMENTAL DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Go Kart track address: _____
4. City: _____ State: _____ Zip: _____
5. Area of land track occupies: _____ Acres
6. Is land: Leased Rented Owned by Applicant
7. Months of operation: From: _____ To: _____
8. Estimate gross receipts for the next twelve (12) months: \$ _____
9. Is track used for rental concessions of the Applicant's owned go-karts? Yes No
10. Type of track: Asphalt Dirt Oval Road
11. Length of track: _____ Feet Longest straightaway: _____ Feet
12. Maximum speed of go-karts: _____ m.p.h.
13. Minimum age and height of go-kart operations: _____ feet _____ inches _____ age
14. What is the maximum number of karts in use at any one time? _____

WARNING: if track is found to exceed this amount, coverage is void.

15. Are helmets used at all times by drivers and occupants? Yes No
16. Are shoes worn at all times by drivers and occupants? Yes No
17. Do you have stands and/or bleachers? Yes No

If yes, answer:

- a. What is the construction and the total amount of seating? _____
 - b. Are seats stationary? Yes No
 - c. Are they in good repair? Yes No
 - d. Please describe seating: _____
18. Describe any other business conducted on premises such as refreshments or games, etc. Provide a breakdown of annual gross receipts for each other business conducted: _____
- _____

19. Is products liability desired? Yes No
20. Are you a member of any Association or have any club affiliation? Yes No

If yes, please list: _____

21. Do you have written rules and regulations for all riders, employees and operators? Yes No

If yes, are rules posted? Yes No

22. What are the limits of liability desired: \$100,000 \$300,000 \$500,000 \$1,000,000

23. What is the self-insured retention desired: \$500 \$1,000 \$2,500 Other: \$ _____

24. List all other interested parties that would appear as additional insureds. Please describe their connection with this go-kart track. List by name, address and interest:

a. Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Interest: _____

b. Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Interest: _____

c. Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Interest: _____

25. Attach a schematic, a detailed diagram, or make a drawing as best you can of the track and premises.

- a. Show the track layout, pit area, fencing, spectator area, lighting, obstructions, buildings, etc.
- b. Include lengths and turns, including bank and radius, and the direction of travel.
- c. Indicate the degree of pitch of ground, type of fence material and height of fencing.
- d. If there are posts on the inside or outside of the track, indicate the distance from post to post.
- e. Indicate what materials are used to restrain karts inside the track.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to

meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name

P.O. Box 526148 Salt Lake City, Utah 84152-6148
Phone: 1-800-321-1493 • Fax: 1-800-666-9011 • E-Mail: isera@smallcompanyinsurance.com
Web Site: smallcompanyinsurance.com/isera/isera.htm