



On-track
insurance products



Proposal Form

T A S K E R
P A R T N E R S



ABOUT YOU

Trading Name			
Directors Names			
Please detail all relevant experience of directors			

Company registration number (if limited company)			
Address for correspondence (including postcode)			
Telephone number		E-mail address	
Mobile number		Website	



ABOUT YOUR CIRCUITS

Address(es) of all circuits (including postcode)			
Business description (list all activities provided at your venue(s) cover can only be provided for those listed)			
Date established ?			



ENCLOSURES CHECKLIST

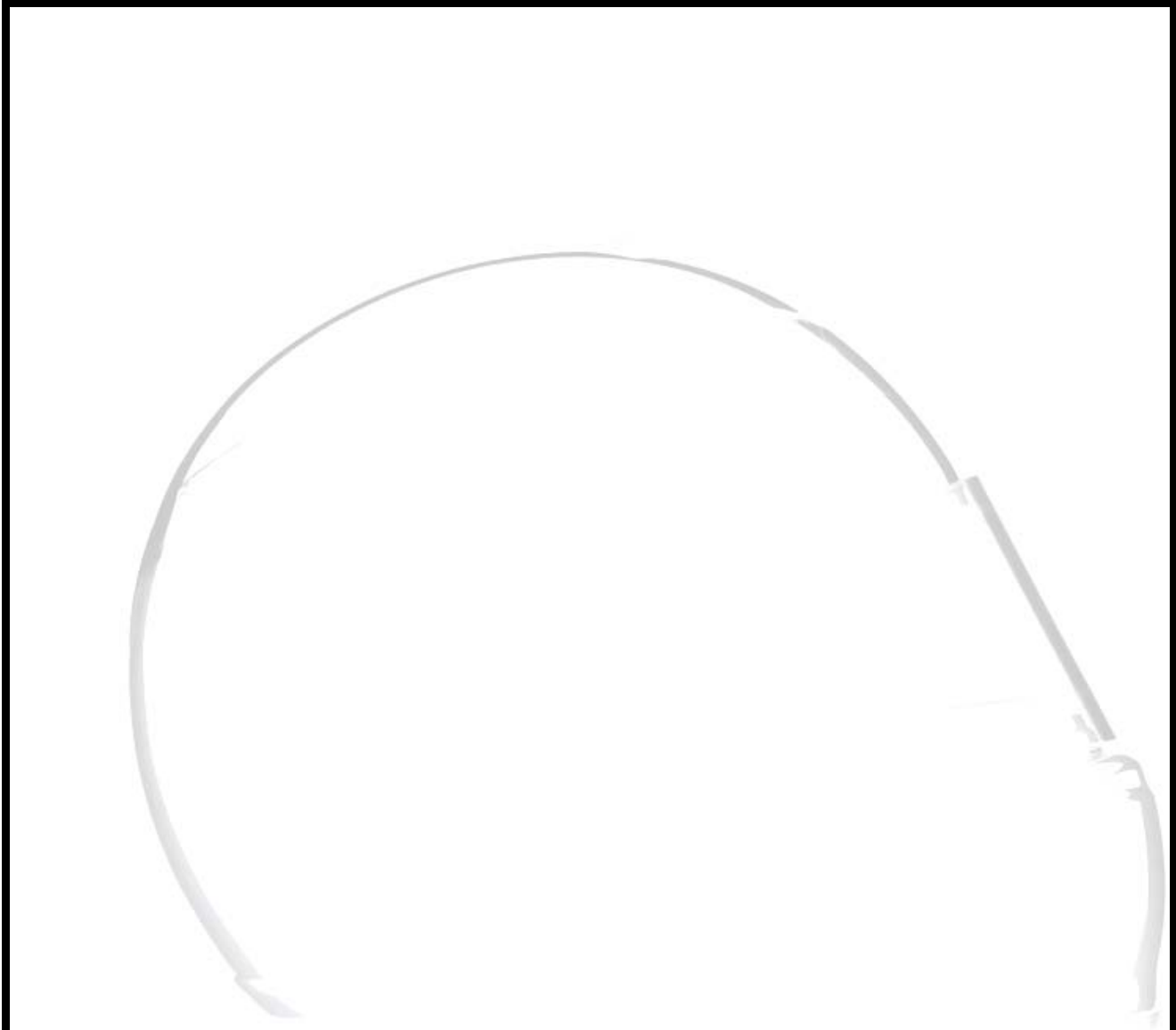
To assist us in obtaining the best possible terms from insurers please enclose the following (where available) when returning the form.

<u>2 copy brochures</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>A copy of your current disclaimer</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>A copy of your current association membership certificate (if applicable)</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>A copy any employee training certificates (ie first aid, marshal courses)</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>



TRACK LAYOUT

Please include here a plan of the track layout and illustrate positions as per the key below



Marshall Posts	■
Race Commentator	⊗
Fire Extinguishers	F
First Aid Posts	:
Refuelling Area	[



GENERAL SAFETY INFORMATION

Please specify the types of vehicles used and numbers allowed on the track at any one time

Type of vehicle	Maximum Speed	Numbers Allowed
Karts		
Mini Moto		
Other (specify)		
Other (specify)		

What modifications are there to any vehicles (please give full details)	
What is the maximum number of spectators ?	

Do you display prominent warning notices ? YES NO

Do all drivers wear crash helmets and overalls ? YES NO

Do you allow driving by children ? YES NO

(if YES please give details of minimum age, and what extra safety precautions are taken)

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Please detail all precautions take to avoid injury to participants and spectators	
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Do you sell food and non-alcoholic beverages ? YES NO

Are you licensed to sell alcohol ? YES NO



FINANCIAL INFORMATION

Financial year end date	
Insurance Renewal date	
Name of Insurance Company	
Last year's premium	



INSURANCE REQUIREMENTS

Do you require Employers Liability insurance ? (standard limit is £10,000,000)

YES NO

No. of full time staff		No. of part time staff	
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Please detail the estimated annual wages for the following:

Clerical and Managerial Staff	
Track Staff	
Mechanics	
Food and Beverage	
Other (please detail)	

Public Liability Limit of Indemnity Required (select one)

£2,000,000

£5,000,000

£10,000,000

Please detail the estimated annual turnover from the following activities

Karting	
Mini Moto	
Food and Beverage	
Other (please detail)	



DECLARATION

Have there been any claims in the past 5 years ?

YES NO

(if YES please give details)

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.

Signed _____

Date _____

Name _____

Position in Company _____

