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 www.kandkinsurance.com  
 CA #0334819

# PREMISES LIABILITY INSURANCE APPLICATION

1. Name of track: \_\_\_\_\_
2. Location of track: \_\_\_\_\_
3. Association affiliation: \_\_\_\_\_
4. Track or club sanction number: \_\_\_\_\_
5. Contact: \_\_\_\_\_
6. Daytime phone number: \_\_\_\_\_
7. Total acreage of premises: \_\_\_\_\_
8. Is property completely fenced?     Yes     No                      Are gates locked on non-event days?     Yes     No  
 If no, describe completely: \_\_\_\_\_  
 \_\_\_\_\_
9. Type of fence: \_\_\_\_\_
10. List any other barriers: \_\_\_\_\_
11. Are events held on a regular basis?     Yes     No  
 Describe: \_\_\_\_\_
12. How many events are held annually at the facility: \_\_\_\_\_
13. What type of events are held at the facility: \_\_\_\_\_
14. Named Insureds:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Date (MM/DD/YY)