



Associated Underwriters
9412 Giles Road
La Vista, NE 68128

Phone: 402.592.0900
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GOKART SUPPLEMENTAL QUESTIONNAIRE (Complete in addition to Acord Application)

1. Name of applicant: _____
2. Location of facility: _____
Address City State Zip County
3. Contact (Owner/Manager): _____
4. Phones: Business: _____ Home: _____ Fax: _____
5. Year operation established: _____ First year of ownership: _____
6. Months of operations: from: _____ to: _____ Year round? _____
7. Are participants required to wear helmets? Yes No Seat Belts? Yes No
8. Minimum height requirement: _____ Minimum age requirement: _____
9. Other requirements: _____

10. How are brake and throttle pedals identified? _____
11. Are steering wheels padded? Yes No Are drive chains equipped with guards? Yes No
12. How often are karts inspected? _____ By whom? _____
13. What items are checked during inspection? _____
14. Maximum speed of karts? _____ Number of attendants on duty? _____
15. Type of track: oval road Total track length: _____
16. Type of track surface: _____
17. Is track area fenced? Yes No Type of fence: _____ Height: _____
18. Kart manufacturer: _____
19. Are gas tanks gravity fed type? Yes No If not, describe: _____

20. Seating capacity of stands: Wood Steel Concrete Other _____
21. Describe types of barriers and rails used: _____
22. Are all pits, garages and storage areas equipped with fire extinguishers? Yes No

23. Are alcohol beverages provided or permitted on the premises? Yes No

24. Is track: Flat Hilly Number of karts permitted on track at any one time: _____

25. What type of barricades are used on track: Hay/Straw Tires Concrete
 Railroad Ties None Other _____

26. Are you a member of a national association? Yes No Which? _____

27. Where is local medical facilities located? _____

28. Distance from your facility? _____ Ambulance service by: _____

29. Do you have first aid personnel staff at all times? Yes No Explain: _____

30. Are all personnel CPR certified? Yes No What are the ages of your staff? _____

31. Describe the communications system between personnel within your facility: _____

32. How are rules communicated to your guests? _____

33. Does your staff wear uniforms to distinguish them from guests? Yes No

34. Name of your outside safety consultant: _____

35. Describe the type and size of your exterior fencing and your off hours security systems: _____

36. Do you have complete job descriptions and standards of performance for each employee? Yes No

Minimum deductible desired: \$500 \$1,000 \$2,500

Projected gross receipts for current year: _____ Total number of karts: _____

Previous insurance premium: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he his facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____