



Retail Broker: \_\_\_\_\_ email: \_\_\_\_\_

Phone 1-866-979-2747 or 306-446-2747 Fax 1-866-488-6122 [info@oasisinsurance.ca](mailto:info@oasisinsurance.ca)

[www.oasisinsurance.ca](http://www.oasisinsurance.ca)

### **Track Premises Liability Application – CGL**

1. This application must be fully completed. All questions must be answered to enable a timely and accurate quotation. If space is insufficient to fully answer questions, please attach a signed continuation sheet. You should retain a copy of the completed application (and of any other supporting information) for future reference.
2. All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or prejudice your rights.
3. Track users should maintain valid provincial auto insurance coverages with respect to the off-road vehicle being utilized. This directly reduces exposure for track owners and operators.
4. This application is for the Commercial General Liability coverages, this is not an auto policy. It is meant to be utilized strictly along with mandatory signed approved waivers from each facility participant. If the trainee is a minor the parent or guardian must sign on their behalf or jointly.
5. If you have employees you may need to contact your Provincial Worker's Compensation Board to determine if Work Safe coverage is available for injuries to your staff.
6. Users of Tracks should recognize and appreciate they are undertaking a high-risk sport. As Participant exclusions or limitations exist in policies of this nature, track users are expected to sign waivers acknowledging and accepting this risk. Participants must take care and rely exclusively upon their own individual auto, health, life and disability insurances that they prudently arrange.
7. If you also desire property insurance coverage, an accidental death and dismemberment policy or if you are a registered non-profit that also requires a Directors & Offices policy review our website or contact OASIS.

**Coverage is not in force until approved**

**Your Broker:**

## Track Premises Liability Application

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS RELIED UPON BY THE UNDERWRITER(S) IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED.

1. Name of Insured:

\_\_\_\_\_

2. Address of Insured:

\_\_\_\_\_

3. Name and location of track:

\_\_\_\_\_

4. Insured Contact: Phone \_\_\_\_\_ Cell #: \_\_\_\_\_ Email \_\_\_\_\_

5. Is property completely fenced: \_\_\_\_\_ Describe fencing type: \_\_\_\_\_

\_\_\_\_\_

6. Do you have a website or facebook page that shows the track in use (if not a Go-pro video), please send OASIS a copy to [info@oasisinsurance.ca](mailto:info@oasisinsurance.ca) List website: \_\_\_\_\_

**Please provide map/diagram of track.**

7. Length of track (kms): \_\_\_\_\_

8. In addition to the track do you have also trails? If yes, how many kms. \_\_\_\_\_

9. What types of events are held at this facility, or is this for leisure and practise rides only.

\_\_\_\_\_  
\_\_\_\_\_

10. Races. Do you have race / timed events at this facility? If so how many races annually and what is the expected average number of racers and spectators.

\_\_\_\_\_

11. Do you have any events held at this location not related to motor-sports? Please describe.

\_\_\_\_\_

\_\_\_\_\_

12. How many members do you have for this track? \_\_\_\_\_

13. What is the total revenue expected in the upcoming year from

Memberships \_\_\_\_\_ Donations \_\_\_\_\_ Grants \_\_\_\_\_ Other \_\_\_\_\_

Total = \$ \_\_\_\_\_

14. What was the revenue from the past year: \$ \_\_\_\_\_

15. Who has designed and built this facility. \_\_\_\_\_

16. Will alcohol be served, and, if so, in what name will the liquor permit be issued:

\_\_\_\_\_

17. Are minors permitted in restricted areas? \_\_\_\_\_

18. Is ambulance service with qualified attendants provided on site: \_\_\_\_\_

19. Are fire and/or police and/or security provided on site: \_\_\_\_\_

20. Are approved helmets required for participants? \_\_\_\_\_

21. Are approved Waiver and Release Forms required by all riders annually (***please attach a copy***) We encourage keeping them on hand for at least 3 years)?

\_\_\_\_\_

Note: If you authorize others to enter the track you should also have them sign waivers as well prior to entering restricted areas.

22. Do you know of other information that could be helpful for the underwriters to consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Number of spectators: \_\_\_\_\_

24. What type of bleachers or seating facilities do you have for spectators. If bleachers - describe age and capacity as well.

\_\_\_\_\_  
\_\_\_\_\_

25. Marshalling & Safety procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Loss History in the past 5 years: \_\_\_\_\_

27. Previous Insurance Carrier: \_\_\_\_\_ Coverage limit: \_\_\_\_\_

28. Number of years in Business: \_\_\_\_\_

29. Additional Insureds including full name and address to be shown on the certificate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicants have reviewed contents of this application and acknowledge that all the information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position of Applicant

Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_