

SNOWMOBILE/ATV PROGRAM SPECIAL EVENT APPLICATION

1. Applicant: _____ Applicant is: Individual Corporation
 Partnership Other

Mailing Address

Phone _____ FAX _____ E-mail _____ Website _____

2. Coverage Date Requested: _____ To _____ Dates of Special Event: _____

3. Name of Event: _____ Location of Event: _____

4. Estimated Attendance Per Day _____ Gross Receipts: _____

Description of "All" Activities to be covered for this event. A DETAILED COMPLETE SCHEDULE OF ALL ACTIVITIES WITH DATES. COVERAGE IS VERY SPECIFIC, IF THE ACTIVITY IS NOT SCHEDULED, IT WILL NOT BE COVERED.

(Attach separate page if necessary)

**If A Brochure of Flyer with the schedule of activities is available

Please attach to this application

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Are certificates of insurance obtained naming the insured as Additional Insured for any of the above Y N activities? If Yes, which activities – Mark above with an X.

Is there a carnival and amusement ride exposure? Yes No Is a certificate of insurance obtained naming the insured as an Additional Insured for this exposure? Yes No

5. Are there vendors at this event? Yes No How many? _____
 What type of vendors? Craft Vendors # _____ Food Vendors # _____ Display Booth Vendors # _____
 Dealers # _____ Other Vendors # _____
 Do they provide to the insured club, insurance certificates? Yes No
 Do they name the insured club as additional insured? Yes No

6. Is there a campground exposure at this event? Yes No Is the insured club responsible for this Campground during their Yes No If yes, answer the following: How many camping spaces? _____
 Electrical hookups? Yes No
 Are shower and restrooms available? Yes No
 Playgrounds? Yes No

7. LIMITS OF COVERAGE FOR THIS EVENT IF BOUND, WOULD BE INCLUDED WITHIN THE CLUBS CURRENT COVERAGE LIMITS.

8. Do they need any Additional Insureds? Yes No
 Name and complete address of Additional Insureds:

Why do they need to be named? _____

9. Has similar insurance been purchased in the past? Yes No
 If yes, advise name of prior insurance company _____ Premium \$

VEHICULAR ACTIVITY QUESTIONNAIRE – COMPLETE IF ACTIVITIES FOR THE EVENT INCLUDE THIS EXPOSURE.

Type of Activity _____ Date of Activity _____
 Location of Activity _____

REQUIREMENT TO CONSIDER THIS EVENT: MINIMUM AGE OF DRIVERS IS 18 YEARS OLD.

Do they allow anyone under 18? Yes No

Are there specific rules and guidelines required and followed for this activity? Yes No
 If yes, please advise complete details or attach a copy of Rules and Guidelines.

Spectator Seating Arrangements:

1. Type of Seating: Grandstands Bleachers _____
2. Construction Wood Concrete Steel _____
3. Approximate age of grandstands/bleachers: _____ years
4. Seating capacity: _____
5. Distance between seating and track: _____ Feet. REQUIREMENT: 50 FEET MINIMUM DISTANCE.
 Do they meet this minimum? Yes No
6. Is seating elevated from track? Yes No If yes, how much? _____ Feet.
7. Are spectators permitted in pit area? Yes No (spectators in pit are excluded from coverage)

Spectator Protection:

1. Is there protection between track and spectators? Yes No
 If yes, type of protection: Guard rail Fence _____
 Construction/materials used: _____
 IF USING SNOW FENCE OR A SIMILAR TYPE OF FENCING, BALES, OR THREE STACK HIGH TIRES ARE REQUIRED IN ADDITION TO THE FENCE. SNOW BERMS ARE NOT ACCEPTABLE BARRIERS.
2. Are anchor posts used in the above protection? Yes No
 If yes,
 Height: _____ Feet Thickness: _____ Inches Distance between posts _____ Feet
 Depth that posts are set in ground _____ Feet Concrete Used: Yes No
3. Does the protection described above encircle racing area? Yes No
4. Is the protection described above also provided between track and spectator parking area? Yes No

PLEASE INCLUDE A DIAGRAM OF EVENT AREA ON A SEPARATE SHEET OF PAPER.

IF THIS EVENT IS CANCELED, YOU MUST NOTIFY, EITHER BY FAX OR PHONE, V & V INSURANCE AGENCY NO LATER THAN THE MORNING THE EVENT IS SCHEDULED TO BE CONSIDERED FOR A POSSIBLE REFUND OF YOUR SHORT TERM LIABILITY INSURANCE PREMIUM. THE DATE AND TIME OF YOUR CALL MUST BE INCLUDED IF YOU LEAVE A MESSAGE ON OUR ANSWERING MACHINE.

 Applicant's signature

 Date

 Agent's Signature

 Date