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GO KART TRACKS SUPPLEMENTAL APPLICATION

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Gross Annual Sales: _____ Go-kart track operation: _____
Concessions: _____
2. Is track limited to go-karts (e.g. no cars, motorcycles, or motorized scooters) Yes No
3. Who manufactured the Karts? _____

4. Do Karts have an on board governor to limit top speed? Yes No
Do the Karts have an automatic shut off? Yes No
5. What is the maximum speed of the Kart? _____ MPH
6. Does a qualified mechanic maintain Karts? Yes No
7. What is the maximum number of riders per Kart? 1 2
8. Are age and height restrictions in place? Explain below. _____

9. Are signs clearly posted that outline the drivers' responsibilities when driving the Kart? Yes No
(Describe below and/or provide picture of signs containing verbiage for review)

- Are all rules and regulations strictly enforced? Yes No
10. Are all attendants' supervisors or monitors at least 19 years of age? Yes No
Explain. _____
11. Are employees in full view of the track at all times? Yes No
12. Are Karts gas or electric? Gas Electric

UNDERWRITING INFORMATION (Continued)

13. If Karts are gas please provide the following information:

- (a) Is fuel filling performed in a restricted area? Yes No
- (b) Is there appropriate protection and ventilation? Yes No
- (c) Are "No Smoking" signs posted? Yes No

14. Are vehicles properly cleaned after each fill? Yes No

15. How much gasoline is stored on the premises? _____ Gallons

16. How is it stored? _____

17. Due to potential injury caused by accidental intake of hair, jewelry, or clothing please confirm the following are covered:

- (a) Axles Yes No
- (b) Gear boxes Yes No
- (c) Intake or exhaust ports Yes No

Describe any "no" responses. _____

18. Is the driver's area enclosed; e.g., molded fiberglass. Yes No

If yes, explain. _____

19. Does a 3-point harness restrain the driver? Yes No

20. Any other amusement rides or devices on premises? Yes No

If yes, explain. _____

21. Are employees instructed to enforce all rules and regulations, even if it means ejection of a participant from the ride or refusal of service? Yes No

22. Please provide a complete description of the race track area, including the following:

(a) What is the surface of the track? _____

(b) What is the construction of the barriers? _____

(c) What is the height of the track barriers? _____

(d) Is it sufficient to prevent ejection or overturn? Yes No

(e) Do turn walls have tires or other impact materials for protection? Yes No

(f) Do patrons cross the drive path of other riders? (e.g., figure 8) Yes No

(g) Is facility set0up for nighttime operations? Yes No
If yes, describe (lighting, etc.) _____

(h) Is track secured / marked to prevent spectators from access Yes No

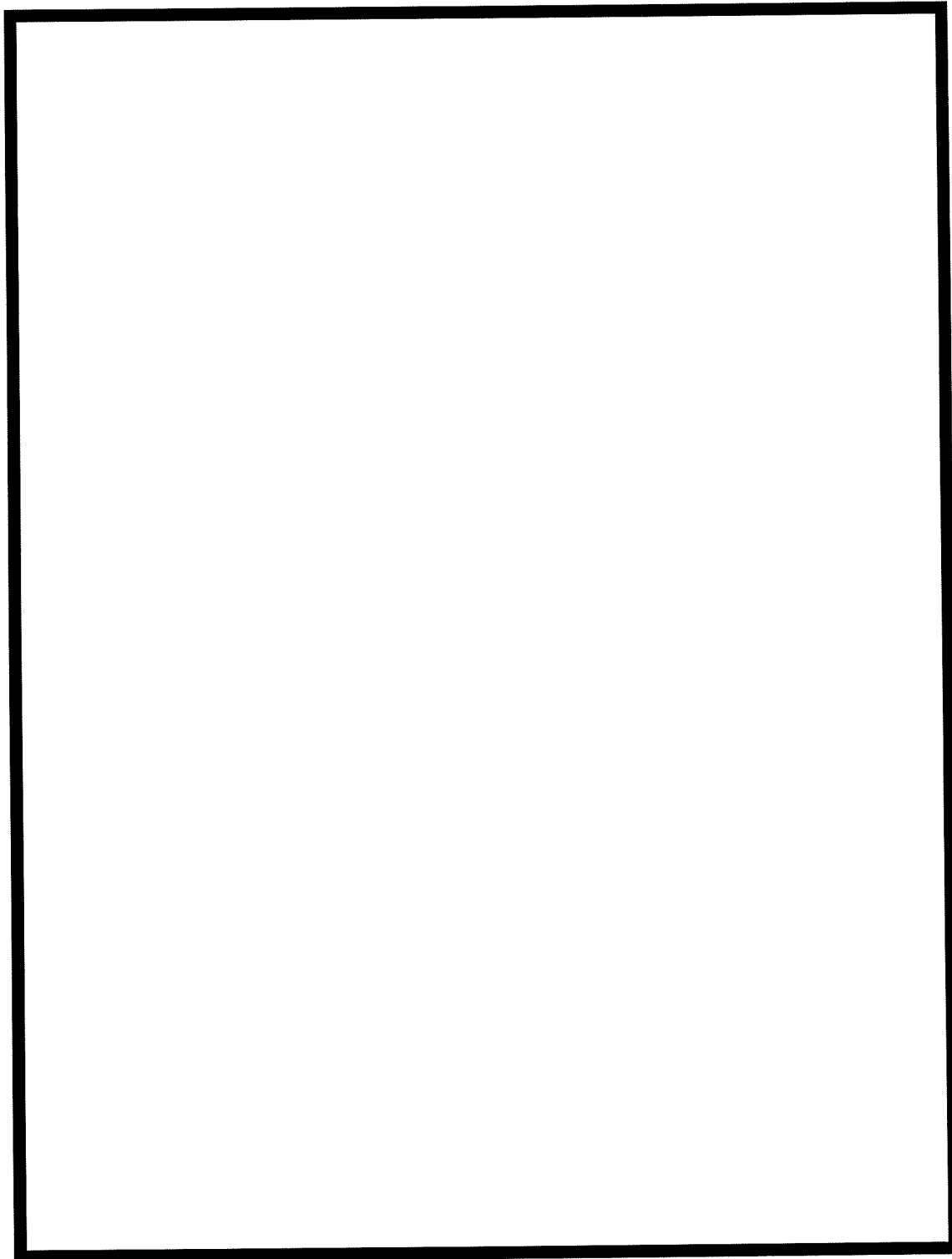
23. Do you have warning signals or an audio system to notify patrons of potential accidents or obstructions on the track? Yes No

Explain. _____

24. A diagram of the track is required, including spectator areas, crossovers, or other unique hazards.

PLEASE COMPLETE THE ATTACHED SHEET.

DIAGRAM OF PREMISES (ITEM #24)



UNDERWRITING INFORMATION (Continued)

25. Any additional information. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature Date Applicant's Signature Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.