## **CENTURY SURETY COMPANY**

## 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	κ:	
5.	Year operation established:	First year of ownership:				
6.	Months of operations: from:	to:		Ye	ar round?	
7.	Are participants required to wear helmets?	Yes	☐ No	Seat Belts?	Yes	☐ No
8.	Minimum height requirement:	_		Minimum aş	ge requireme	ent:
9.	Other requirements:					
11.	0. How are brake and throttle pedals identified?  1. Are steering wheels padded?  \[ \text{Yes} \] No  \[ \text{No Are drive chains equipped with guards? } \[ \text{Yes} \] No					
	How often are karts inspected? By whom?					
	What items are checked during inspection?  Maximum speed of karts?  Number of attendants on duty?					
	Type of track: oval road					
	Type of track: oval road Total track length:  Type of track surface:					
17.	Is track area fenced? Yes No  Kart manufacturer:	Type of	fence:		Height:	
	Are gas tanks gravity fed type? Yes					
20.	Seating capacity of stands:	Steel	Concrete	Other_		
21.	Describe types of barriers and rails used:					
22.	e all pits, garages and storage areas equipped with fire extinguishers?					
23.	Are alcohol beverages provided or permitted on the premises?				☐ No	

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4. 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 Railroad Ties	☐ Tires         ☐ Concrete           ☐ None         ☐ Other						
26. Are you a member of a national association?	No Which?						
27. Where is local medical facilities located?							
Distance from your facility? Ambulance service by:							
29. Do you have first aid personnel staff at all times?	No Explain:						
30. Are all personnel CPR certified?							
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?							
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?							
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 hi application or files a claim containing a false or deceptive statem							
Applicant:	Producer:						
Signature:	Signature:						
Date:	Date:						

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