

# HORSE TRACK INSURANCE QUESTIONNAIRE

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property; Garage; Inland Marine; Auto; Excess Liability.**

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| **GENERAL INFORMATION** | | | |
| 1. Name of Insured (Applicant): |  | | |
| 2. Location/Address (if different from ACORD): | | | |
| 3. What is the insured’s FEIN number? | |  | |
| 4. What is the insured’s website address? | | |  |
| 5. Number of years in business? |  | | |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: | | | |

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| **UNDERWRITING INFORMATION** |

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| 1. Do you own or lease the facility?  Own  Lease | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Does the track employ a risk manager?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Type of racing:  Thoroughbred  Harness  Quarterhorse  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Who is responsible for the following operations? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Parking | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
|  | Security | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
|  | Maintenance | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
|  | Concessions | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
|  | Liquor | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
|  | First Aid | | | | Insured | | | | | Subcontracted | | | | | Specify Company: | | | | | | | | | | | N/A | |
| Do all subcontractors carry liability limits at least equal to $1,000,000?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is facility listed as an additional insured, indemnified and held harmless?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide copies of all applicable contracts and certificates of insurance.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Live race dates: | | | | | | | | through | | | | | | | | | | | | | | | | | | | |
| Total number of days: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Simulcast dates: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Total number of days: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 6. Estimated annual attendance: | | | | | | | | | | | Live: |  | | | | | | | | Simulcast: | |  | | | | | |
| Average daily attendance: | | | | | | | | | | | Live: |  | | | | | | | | Simulcast: | |  | | | | | |
| 7. Do you own or operate any off track betting locations?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | |  | | | | | |  | |  |
|  | | | | Street | | | | | | | | | | | | | | | City | | | | | | State | | Zip |
| Annual Admissions: | | | | | | |  | | | | | | | | | Estimated OTB Payroll: | | | | |  | | | | | | |
| 8. Do you have slot machines?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, how many? | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Do you have other gaming devices?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explain: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Annual Casino Admissions: | | | | | | | | | | | | |  | | | Estimated Casino Payroll: | | | | | | |  | | | | |
| 9. Do you hold non-racing events at your facility (concerts, festivals, car shows, trade shows,  flea markets, etc.)?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Estimated Attendance: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| For events conducted by third parties, are certificates of insurance collected that name the facility  as an additional insured?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide a copy of the facility rental agreement required for special events.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Please complete the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Total Annual Receipts** **Handle Total Operations Payroll** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Admissions:       Current Year Estimate:       Current Year Estimate: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Restaurant:       Last Year:       Last Year: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Liquor: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Are grounds completely fenced?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, explain: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 12. What percentage of the facility is sprinklered? | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Are fire extinguishers easily accessible in all buildings?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the distance to the nearest fire station? | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 13. Are there any playgrounds/campgrounds/amusement areas on site for which coverage is desired? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please explain: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 14. Is a log kept of inspections completed and maintenance performed throughout the facility?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. **Medical Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have on-site medical assistance?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of the following on-site: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Doctors: | | | | | | | | | Nurses: | | | | | | | EMTs: | | | | |
|  | | | | | | | Ambulances: | | | | | | | | | First Aid Stations: | | | | | | | |  | | | |
| Does the track employ any EMTs or other medical providers?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please explain: | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 16. **Horse Legal Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # barns: | | | | | | | | | | | | | | | | # stalls: | | | | | | | | | | | |
|  | | Please indicate the construction of barns/stables (frame, joisted masonry, masonry non-combustible, fire resistive, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | What percentage of barns/stables are sprinklered? | | | | | | | | | | | | | | | | % | | | | | | | | | |
|  | | Please indicate fire protection available (fire extinguishers, hydrants, central station alarm, security personnel, video surveillance, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | How often is track inspected? | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | Has track been found liable for injury to, or death of, any horses in the past 5 years?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, explain: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Are stables maintained during off season?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Are employed veterinarians on site during races?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Please attach a copy of the current Stall Agreement.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 17. **Participant Legal Liability** | | | | |  | Are all jockeys/drivers covered by workers compensation?  Yes  No | | | |  | If yes, who is the statutory employer? | | | |  | Is any accident medical coverage provided for jockeys?  Yes  No | | | |  | By whom: | |  | |  | Limit: | |  | |  | Carrier: | |  | |  | Is any accident medical coverage provided for harness drivers?  Yes  No | | | |  | By whom: |  | | |  | Limit: |  | | |  | Carrier: |  | | |  | Is any accident medical coverage provided for other individuals who work with the horses (hotwalkers, outriders, groomsmen, exercise riders, etc.)?  Yes  No | | | |  | By whom: |  | | |  | Limit: |  | | |  | Carrier: |  | | | 18. **Dormitories/Living Quarters** | | | | |  | Do you provide dormitories for jockeys/drivers?  Yes  No | | | |  | # of dorms: | | | |  | Capacity of each: | | | |  | Construction: | | | |  | % sprinklered: | | | |  | Age: | | | |  | Smoke/fire alarms present?  Yes  No | | | |  | Are hotplates or open flames allowed in the living quarters?  Yes  No | | | |  | Is anyone other than jockey/driver allowed to utilize dorms?  Yes  No | | | |  | If yes, explain: | | | |  | Are dorms provided during the off season for any purpose?  Yes  No | | | |  | If yes, explain: | | | | **Please provide a copy of Dorm/Living Quarters Agreement and copies of any rules, procedures or safety plans.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. **Patron Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are curbs, steps and ledges highlighted?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are exits clearly marked?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are stairways and emergency exit routes equipped with emergency lighting?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are spectators prevented from entering the stall area? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How are spectators prevented from entering the track area? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **AUTO EXPOSURE** | | | |
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| Complete the following chart: | | | |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. | | | |

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| **CONSTRUCTION/RENOVATION** |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: |
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| **EMERGENCY RESPONSE PLAN** |
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| 1. Do you have an Emergency Response Plan?  Yes  No |
| 2. How often is the plan updated? |
| 3. What year was the plan last updated? |
| 4. Do you review the plan with employees?  Yes  No |
| 5. What frequency is the plan reviewed with employees? |
| 6. Do you have an active shooter plan?  Yes  No |
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| **EMPLOYEE BENEFITS LIABILITY**  Is Employee Benefits Liability coverage desired?  Yes  No  ***If yes, please complete the following section.*** |
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| 1. Number of employees: |
| 2. Retroactive Date: |
| 3. Has Employee Benefits Liability coverage been continuously in force since the  Retroactive Date?  Yes  No |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected?  Yes  No  If yes, is the signed acceptance or rejection retained in the employee’s personnel file?  Yes  No |
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| **FIREWORKS/PYROTECHNICS** |
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| 1. Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** |
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| **GRANDSTANDS AND BLEACHERS**  Does your operation include any grandstand(s) or bleacher(s)?  Yes  No  **If yes, please complete this section.** |
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|  | **Year Built or Age of Oldest Unit** | **Construction** | **Guardrails** | **Kickboards in Place?** | **Height** |
| Grandstand | yrs. | Wood  Concrete  Metal  Combo | Side  Back | Yes  No | feet |
| Fixed Bleachers | yrs. | Wood  Concrete  Metal  Combo | Side  Back | Yes  No | feet |
| Portable Bleachers | yrs. | Wood  Metal  Combo | Side  Back | Yes  No | feet |

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| 1. Is any of the seating rented or borrowed?  Yes  No  If yes:  Does the owner carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 2. Do you utilize any temporary stages?  Yes  No  If yes, are they set up by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 3. Do you have a formal inspection/maintenance program for grandstands, bleachers and/or  temporary stages?  Yes  No  If yes, do you use a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No |
| 17. Do you exercise the right of search and seizure?  Yes  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No |
| 19. Is there any type of designated driver program in place?  Yes  No |
| 20. Are rules/regulations clearly displayed?  Yes  No |
| 21. Is food service available to patrons consuming alcohol?  Yes  No |
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| **RESTAURANT/FOOD SERVICE OPERATIONS** |
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| 1. Are cooking installations in compliance with NFPA 96?  Yes  No |
| 2. Are all cooking surfaces protected by automatic fire extinguishing systems?  Yes  No |
| 3. Are automatic fire extinguishing systems serviced by outside contractor?  Yes  No  If yes, frequency of service:       Date last serviced: |
| 4. Are hoods/duct work cleaned by outside service contractor?  Yes  No  If yes, frequency of service:       Date last serviced: |
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| **SECURITY**  Are you responsible for security operations?  Yes  No  If yes, how are the security operations managed?  We manage them ourselves. \*  We subcontract the operations to a separate company. \*\*  If no, describe who is responsible for security:  \* If you manage security operations, complete this section in full.  \*\* If you subcontract the operations to a separate company, provide the contract and certificate naming you as Additional Insured. You do not need to complete the remainder of the section if you are not responsible for security operations or if you subcontract security operations to another company. |
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| ***SECURITY OPERATIONS*** |
| 1. Is the venue monitored by security on a 24-hour basis?  Yes  No  If no, please explain: |
| 2. Please describe security presence at the entrance and egress of the venue: |
| 3. Are patrons screened at venue entry?  Yes  No  If yes, how?  Bag Checks  Wanding  Metal Detector  ID’s  Other:  Is patron screening done for all events?  Yes  No  If no, please explain: |
| 4. What are the staffing guidelines per number of patrons? |
| 5. Are the staffing guidelines determined by:  Ordinance/Statute  Industry Standard |
| 6. Are security cameras on site?  Yes  No  If yes, what areas are covered (outer perimeter, concourse, field of play, back stretch, interior,  parking, etc.)?  If yes, what is the data retention time period? |
| 7. Are dogs used in your security operation?  Yes  No  If yes, are the dogs and handlers certified?  Yes  No  If no, please explain: |
| 8. Do you work with local law enforcement regarding security operations?  Yes  No  If yes, to what extent?  Tour Training  Table Top Training  Full Scale Training  None of these:  How often?  Monthly  Quarterly  Bi-annually  Annually  Other: |
| 9. Are vendors screened before loading or unloading into the building?  Yes  No |
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| ***SECURITY PERSONNEL*** |
| 1. Are security personnel employees of your company?  Yes  No  If no, what is the relationship?  Independent Contractors  Off-duty police officers  Other, describe: |
| 2. Answer the following for all people who will provide security services:  How do you screen candidates (check all that apply)?  Criminal Background Check  Reference Check  Interview  Other:  Do you require initial training be completed prior to employment?  Yes  No  Do you provide a personal copy of your training/safety manual?  Yes  No  Do you require an annual refresher or continuing education training?  Yes  No |
| 3. Do any security guards/officers carry firearms as part of their equipment while on duty?  Yes  No  If yes, answer the following:  Do you issue the firearms or allow people to use their own (check all that apply)?  We issue them.  People can use their own.  If people can use their own, do you inspect/approve the firearm?  N/A  Yes  No  Do you verify the appropriate firearms licenses are maintained by the individual?  Yes  No |

**Please provide the following with this QUESTIONNAIRE:**

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Copy of current audited financials (if retention is requested).
* Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
* List of all locations to be insured, including addresses and descriptions of each location.
* List of all insureds to be included along with a description of each.
* Provide a copy of the medical coverage policy available to jockeys/drivers
* Provide a diagram and photos of track
* Copy of Lease Agreement (if not owned)
* Copy of all contractor and sub-contractor agreements and/or contracts including copies of certificates of insurance from all contractors and sub-contractors (e.g. food service, liquor, security, maintenance)
* Provide a schedule of events and all activities and ancillary events including description of each or a brochure for each event.
* Copy of facility rental agreement if special events are applicable; i.e., flea markets, festivals, concerts)
* Attach a copy of the current Stall Agreement.
* Provide a copy of Dorm/Living Quarters Agreement and copies of any rules, procedures or safety plans.
* Copy of Dormitory or Employee Accommodation Agreement
* Copy of Employee Handbook

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form to: **American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

**E-mail:** [**apply@americanspecialty.com**](mailto:apply@amerspec.com)