



Associated Underwriters  
9412 Giles Road  
La Vista, NE 68128

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## 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: \_\_\_\_\_
5. Year operation established: \_\_\_\_\_ First year of ownership: \_\_\_\_\_
6. Months of operations: from: \_\_\_\_\_ to: \_\_\_\_\_ Year round? \_\_\_\_\_
7. Are participants required to wear helmets?  Yes  No      Seat Belts?  Yes  No
8. Minimum height requirement: \_\_\_\_\_ Minimum age requirement: \_\_\_\_\_
9. Other requirements: \_\_\_\_\_  


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10. How are brake and throttle pedals identified? \_\_\_\_\_
11. Are steering wheels padded?  Yes  No      Are drive chains equipped with guards?  Yes  No
12. How often are karts inspected? \_\_\_\_\_ By whom? \_\_\_\_\_
13. What items are checked during inspection? \_\_\_\_\_
14. Maximum speed of karts? \_\_\_\_\_ Number of attendants on duty? \_\_\_\_\_
15. Type of track:  oval  road      Total track length: \_\_\_\_\_
16. Type of track surface: \_\_\_\_\_
17. Is track area fenced?  Yes  No      Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_
18. Kart manufacturer: \_\_\_\_\_
19. Are gas tanks gravity fed type?  Yes  No      If not, describe: \_\_\_\_\_  


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20. Seating capacity of stands:  Wood  Steel  Concrete  Other \_\_\_\_\_
21. Describe types of barriers and rails used: \_\_\_\_\_
22. Are all pits, garages and storage areas equipped with fire extinguishers?  Yes  No

23. Are alcohol beverages provided or permitted on the premises?  Yes  No

24. 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  Tires  Concrete  
 Railroad Ties  None  Other \_\_\_\_\_

26. Are you a member of a national association?  Yes  No Which? \_\_\_\_\_

27. Where is local medical facilities located? \_\_\_\_\_

28. Distance from your facility? \_\_\_\_\_ Ambulance service by: \_\_\_\_\_

29. Do you have first aid personnel staff at all times?  Yes  No Explain: \_\_\_\_\_

30. Are all personnel CPR certified?  Yes  No What are the ages of your staff? \_\_\_\_\_

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?  Yes  No

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?  Yes  No

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 his facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

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

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