



1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, Indiana 46801-2338
 1-800-348-1839 Fax 1-260-459-5102
 www.kandkinsurance.com
 CA #0334819



PERSONAL WATERCRAFT RACING INSURANCE APPLICATION

I. PROPOSED INSURED

APBA PWR promoter name: _____
 Event name: _____
 Name of body of water: _____
 City & state of event site: _____

II. CONTACT

Name (print): _____
 Day phone: _____ Fax: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

III. ADDITIONAL INSURED(S)

Name and relationship to the proposed insured event (sponsor, landowner, manager/lessor of premises, government)

1. _____
2. _____
3. _____
4. _____
5. _____

NOTE: Additional insureds are subject to underwriting approval; some requests may not be approved.

IV. LIMITS AND CATEGORIES

- A. Liability Limits: \$1,000,000 (standard) with options of \$2,000,000 or \$5,000,000
 B. Participant Accident Limit:
 APBA Members: \$3,000 AD&D; \$15,000 excess participant accident medical with \$2,500 deductible.
 60% co-insurance requirement.

Number of event days: _____
 Date(s) of event: _____
 Events: Closed Course Freestyle Slalom Endurance Other: _____

V. PREMIUM RATE - PERSONAL WATERCRAFT RACING

One-Day Event:	\$894 (\$1,000,000 Liability)	\$1,004 (\$2,000,000 Liability)	\$1,115 (\$5,000,000 Liability)
Two-Day Event:	\$1,342 (\$1,000,000 Liability)	\$1,507 (\$2,000,000 Liability)	\$1,675 (\$5,000,000 Liability)

PREMIUM RATE - DRAG EVENT ONLY

One-Day Event:	\$447 (\$1,000,000 Liability)	\$502 (\$2,000,000 Liability)	\$558 (\$5,000,000 Liability)
Two-Day Event:	\$671 (\$1,000,000 Liability)	\$734 (\$2,000,000 Liability)	\$838 (\$5,000,000 Liability)

NOTE: One set-up and one tear-down day is included as part of the premium. No coverage is afforded for competition vehicles being launched on set-up and tear-down days.

Number of event days (not including set-up and tear-down days): _____
 Date(s) of event: _____
 Is one set-up and tear-down day needed for the event? Yes No

Liability requested: \$1,000,000 \$2,000,000 \$5,000,000
 Amount of event premium (calculated by using the premium rates shown above): \$ _____

VI. WARRANTY OF EVENT(S) ACTIVITIES:

A copy of all event brochures or schedules **must** accompany this application.

NOTE: Only those events and event-related activities specifically listed in this application, sanctioned by the APBA, and approved by underwriters will be considered for coverage. ALL OTHER EVENTS AND ACTIVITIES ARE EXCLUDED FROM COVERAGE.

Class and Type of Event: _____ Date(s): _____

OTHER ACTIVITIES: (List any other activities taking place at the same time as the APBA-sanctioned event.

Type of activity: _____ Location: _____ Date: _____

Type of activity: _____ Location: _____ Date: _____

Type of activity: _____ Location: _____ Date: _____

Type of activity: _____ Location: _____ Date: _____

Is this event part of, or in conjunction with, another event? Yes No

If yes, name the event: _____

Name the promoter: _____

IMPORTANT: Failure to disclose ALL other activities and information on this application may adversely affect your insurance coverage.

VII. UNDERWRITING INFORMATION Please note: all questions MUST have COMPLETE answers.

A. COURSE - APBA event diagram and photo sheet must accompany this application (see page 6).

1. Estimate minimum distance from outside course buoy to shoreline viewing areas _____

2. Estimate minimum distance from outside course buoy to spectator fleet (waterborne spectators) _____

3. Maximum projected speeds: _____

4. Will perimeter buoys be placed around entire course? Yes No N/A

5. How is free ride area designated and maintained? _____

B. SPECTATOR VIEWING AREAS (dimensions may be estimated)

1. Estimated spectator attendance: _____

2. Are spectators permitted access to the water for wading or swimming? Yes No

If Yes, when _____

3. Will spectators be charged admission to the event? Yes No

4. Are all land viewing areas controlled by the event? Yes No

If No, please explain _____

5. How will spectators be kept back from water during racing? _____

C. PITS

1. Are the pits and restricted areas fenced? Yes No

If Yes, describe fencing: _____

If No, explain method for controlling unauthorized entry: _____

2. Is each person who enters the hot pits and restricted areas required to sign a waiver? Yes No

If No, please explain: _____

3. Method of identifying those allowed in restricted areas? _____

4. Will everyone in the pits be a minimum of 10 years old? Yes No

VIII. SECURITY, EMERGENCY, AND MEDICAL PLANS

- 1. Will there be ambulance(s) and trained medical personnel on site? Yes No
If No, please explain: _____
- 2. What is the distance to nearest medical facility? _____
- 3. What is the distance to nearest fire station? _____
- 4. Number, type, and locations of fire extinguishers on site? _____

IX. ORDINANCE COMPLIANT

- 1. Will all applicable city, township, county, state, and/or federal public gathering, building, seating, concession, and sanitary codes be complied with? Yes No
If No, please explain: _____
- 2. Will all applicable permits for land and/or water be obtained prior to event? Yes No
If No, please explain: _____

X. PATRON SERVICES

- 1. Is there any playground equipment provided? Yes No
If Yes, how is it supervised? _____
NOTE: Supervision MUST be provided.
- 2. Are refreshments/product sales owned and operated by the APBA PWR Promoter listed on page 1 of this application? Yes No
- 3. Will vendors be selling refreshments/ food products? Yes No
If Yes, attach a list of vendors/products.
- 4. Are alcoholic beverages permitted on premises? Yes No
- 5. Will alcoholic beverages be sold by event organizer? Yes No
If Yes, liquor liability coverage is mandatory. Please contact APBA Headquarters.
- 6. Are bleachers/grandstands provided? Yes No
If Yes, please contact APBA Headquarters.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

NOTE: Please sign, date, and attach the Insurance Coverage Conditions form to this application. Certificates of insurance will not be processed without the signed and dated Insurance Coverage Conditions form.

RETURN THE APPLICATION AND FEE TO:

American Power Boat Association

17640 East Nine Mile Road

P.O. Box 377

Eastpointe, MI 48021-0377



VERY IMPORTANT: Certificates of insurance will not be processed unless the following are satisfactorily provided:

- signed Insurance Coverage Conditions form,
- a detailed race course/event diagram,
- supporting photos as required, and
- applicable fee.

Fees mailed less than 30 days prior to the event date must be paid with a Cashier's Check or Money Order.

Make check payable to **K&K Insurance Group, Inc.**



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APBA INSURANCE COVERAGE CONDITIONS

**MUST BE SIGNED AND RETURNED WITH APPLICATION.
 MANDATORY FOR ALL APBA SANCTIONED PERSONAL WATERCRAFT EVENTS
 All participants must sign approved Waiver and Release prior to entry to race site**

The items listed below are the minimum required. These requirements must be carried out to assure better management of each Personal Watercraft Event and provide a secure racecourse for each event.

1. A properly equipped ambulance will be used with a minimum of 2 EMTs capable of providing basic life support will be in attendance at all times during race. If ambulance leaves for any reason, racing must stop until the ambulance and EMTs return.
2. Two Marshalls as an absolute minimum (and more if conditions warrant) must be available for duty on the course at all times. Only authorized personnel will operate and crew event boats.
3. There will be a minimum of two boats designated as rescue boats stationed on the course. Rescue boats can be personal watercraft. The rescue boats will be in position prior to the start of each heat. They will be motorized and will contain the following equipment:
 - A floating device to transport injured riders from water to shore.
 - Signal flags
 - Boat hook, fire extinguisher, two-way radio
5. In case of a fatality, spectator injury, or the transport of an injured person, NOTIFICATION OF A CLAIM MUST BE GIVEN ON THE DAY OF OCCURRENCE BY CALLING 800-237-2917 or 260-459-5000.
6. A complete diagram of the course showing the distances on the course and distances in relationship to the land and any piers or obstacles that come out from the land must be submitted to the American Powerboat Association along with the Personal Watercraft Insurance Application.
7. The operators and crews of all rescue and patrol boats must be fully informed as to how to conduct themselves throughout the entire race, and how to position themselves, what to watch for, and how to act in case of emergency.
8. All vendors are required to provide a certificate of insurance proving a minimum of \$1,000,000 liability coverage and naming the APBA and the promoter's organization as additional insureds. If alcoholic beverages are being sold during the event, a certificate of insurance must be obtained proving a minimum of \$1,000,000 liquor liability coverage and naming the APBA and the promoter's organization as additional insureds.
9. The organizers will clear all persons from the water and/or restricted area(s) and move them to a designated spectator viewing area before allowing any "on water" activity to commence. If any persons go into the water and/or restricted area during "on water" activities, security/crowd control personnel must immediately remove them and return them to a designated spectator viewing area. If this cannot be immediately accomplished, "on water" activities will be halted until the area can be re-secured.
10. No one under the age of 16 is allowed to operate motorized land vehicles of any kind on the event site. This includes ATVs, golf carts, mopeds, and scooters.
11. I understand that bodily injury to any participant will not be insured unless I provide a valid waiver and release from liability and indemnity agreement to K&K Insurance Group, Inc. and to the company at the time of giving notice of a claim, in a form prescribed by K&K Insurance Group, Inc. and by the company, dated and signed by the participant prior to the time of the occurrence in which the participant was injured.

I hereby attest that I have read, understand, and agreed to the above conditions of insurance. I also agree to institute all appropriate measures to see that these conditions are met and adhered to during the course of the event to which the proposed insurance applies. I further understand and agree that should these and/or other applicable conditions not be complied with that insurance coverage may not apply.

Authorized Signature: _____

Title: _____ Date: _____



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APBA PERSONAL WATERCRAFT EVENT DIAGRAM AND PHOTO SHEET

A. RACE COURSE DIAGRAM

NOTICE: ACCURATE DETAILED DIAGRAMS OF THE COURSE, PIT, AND ALL SPECTATOR VIEWING AREAS AND ANY OTHER STRUCTURES ADJACENT TO THE COURSE ARE **REQUIRED**. MARK **ALL** DISTANCES IN FEET. **INCOMPLETE OR UNCLEAR DIAGRAMS WILL NOT BE ACCEPTED**. A DIAGRAM MUST BE SUBMITTED FOR **EACH** EVENT LOCATION. IF EVENT IS AT THE SAME LOCATION AS PREVIOUS AND NOTHING HAS CHANGED, PLEASE INDICATE THAT ON THE DIAGRAM.

The course will be controlled by using outside or perimeter course buoys a **minimum of 50 feet** from any fixed spectator area including docks and **150 feet** from any floating spectator fleet at all events where potential boat traffic could enter race course area. All events are to be considered spectator events and proper precautions must be taken to secure their safety. A **minimum distance back from the waters edge shall be no less than 25 feet** and spectators shall not be allowed in any restricted areas.

Please draw below or attach a detailed site diagram showing the following items:
 (Must be clearly identified and shown to scale)

- Race Course Area showing estimated width and length
- Slalom Course Area (if applicable)
- Location of racer pit area
- Distance from inside racecourse buoys to shoreline
- Distance from outside racecourse buoys to potential spectator fleet (potential boat traffic/other boaters)
- Distance from racecourse to obstacles such as piers or other permanent objects
- Location of Spectator Viewing Areas.

B. EVENT SITE PHOTOS

Take photos at the numbers and in the directions indicated and indicate the location number on each photo submitted. Please take a minimum of 5 photos in each direction. **Event photos must be submitted every three years.**





MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENTS FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

APPLICANT NAME: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)