

## **MOTORIZED SPECIAL EVENT QUESTIONNAIRE**

Applicant Name		Effective Date		
Agenc	y Name	Agency #		
Event	Information			
1.	Type of event:			
	Tractor Pull Demolition Derby Other:			
	<b>NOTE:</b> As used throughout this questionnaire, the term "participant" crew member, event starter, announcer, press member, photographeresponsibilities requiring or permitting them to enter the restricted are the motorized units during the event). Spectators are not "participant"	er and any others having official ea (the area reserved for operat		
2.	Are there barriers or guard rails separating the spectator and restrict	ed areas?	Yes	No
	Type of material used:			
	Height of barriers/guard rail:			
	Are warning signs posted to advise location of the restricted areas?	_	Yes	No
3.	Is there a crowd control fence?	_	Yes	No
	Type of material used:			
	Height of fence:			
	Distance from pulling area/track to crowd control fence:			
	Does the crowd control fence restrict all viewing persons behind the	barrier/guard rail?	Yes	No
4.	Are spectators, at any time, brought into the restricted area to take part in any portion of the event?			
		_	Yes	No
	If Yes, please describe:			
5.	Is grandstand seating provided?	_	Yes	No
	If Yes, are all spectators restricted to the grandstand?		 Yes	
	Distance between grandstand seating area and crowd control fence:			
6.	Are waivers and releases required of all "participants" with access to	the restricted area?	Yes	No
7.	Is security provided to enforce crowd control?	_	Yes	
8.	Maximum speed attainable for any vehicle: mph			
9	Please complete the event diagram on the following page			

## **EVENT DIAGRAM**

Include the following in the diagram below: Spectator viewing area (specify grandstand and/or open-viewing areas), security personnel locations, restricted areas, competition course or track, barrier, fences and distances (in feet) between barriers, fences, and spectator areas. Symbols: -----**Barrier** Fence equal to or over 5' Fence under 5' X **Security Personnel Locations** The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Date

Date

Applicant's Signature

Agent's Signature