

MOTORCYCLE SCHOOL SUPPLEMENTAL APPLICATION

Applicant Name: _____

Date and time of event: _____

Legal name and address of your group/organization: _____

1. Does your "school" have a website? Yes No

If yes, please provide website address URL: _____

2. Please describe the school operations in detail (attach schedule): _____

3. What experience do and/or your instructors have in this area? _____

4. Do you allow minors (under age 18) to participate? Yes No

If yes, please describe. _____

5. Describe technical inspection of vehicles: _____

6. Detail the rules that would be followed for your school (attach copy of rules): _____

7. Estimated number of riders participating in the school: _____

8. What are the maximum speeds, by category? _____

9. Is the school open for spectator viewing? Yes No

If yes, please give estimated # of spectators: _____

10. Describe any liability or participant accident medical expense claims sustained by your organization for the last 5 years:

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11. Has your organization had its own liability policies before? If yes, please describe: _____

12. Is your school at an owned or leased premise? Owned Leased

13. Is your school:

- MX
- Flat track
- Off-road
- On-road
- Road Course
- Recreational

14. Does your school involve school-guided ride after the training session? Yes No

15. Do you and or your instructors purchase professional liability insurance? Yes No

16. Do you rent motorcycles for use at your school? Yes No