

INDIVIDUAL ACCIDENT PROGRAM

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Rand Sports & Entertainment Insurance

MOTORSPORTS PARTICIPANT ENROLLMENT FORM

PARTICIPANTS

NAME: _____

ADDRESS: _____

HOME TRACK: INTERSTATE RACING
ASSOCIATION _____

AGE: _____ TEAM

DUTIES: _____

TYPE OF COMPETING VEHICLE:

_____ DWARF CAR/LEGEND

_____ STOCK

X OPEN WHEEL

_____ OTHER

COVERAGES IN ADDITION TO EXISTING TRACK INSURANCE:

\$450,000 EXCESS MEDICAL OVER THE EXISTING TRACK MEDICAL COVERAGE-RACING ONLY

I understand that I am applying and paying for this coverage directly through K&K Insurance Group, Inc. and will be covered by a policy that has been issued to the above home track.

ACCEPTED BY: _____

DATE: _____