

# MOTORSPORTS PARTICIPANTS AND PROFESSIONAL ATHLETES

## Disability Income

### Eligibility:

- Contractual indemnity for teams or sponsors
- Motorsport drivers and crew chiefs
- Professional athletes

### Key Underwriting/Qualifying

#### Factors (Including but not limited to):

- Favorable driving history
- Proof of earnings progression

#### Ineligible for this program:

- Boat drivers
- Motorcycle drag racers
- Motocross riders
- Football players

### K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 65 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through sanctioning bodies, racing associations and event attendance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

Specialty insurance protection for loss of income during the time the insured person is unable to perform his/her occupation due to injury or sickness. Coverage can include: temporary total disability, permanent total disability and accident medical expense. Loss payee can be the individual, the team or other contract holder.

### Coverages Available & Program Highlights:

---

Permanent Total Disability caused by accident or illness

Temporary Total Disability caused by accident or illness

- Benefit period 52 to 104 weeks

Accidental Death & Dismemberment

Accident Medical Expenses

24-hour/Racing Activities Coverage

Racing Activities Only Coverage

Worldwide Coverage

### Additional Products:

---

Auto/Shop Liability

Commercial Coverage For Race Teams

- Auto Liability
- Building
- Business Personal Property
- General Liability (Nonracing)
- Workers' Compensation

Contingency/Prize Indemnity

Contractual Indemnity

Employment Practices Liability

Excess Liability

Ocean Marine

Off-track & Storage Coverage for Competition Vehicles and Racing Equipment

On Track Crash Damage

Racing Owners & Sponsors Liability

Participant Accident for Tuning & Testing

Products Liability

Workers' Compensation

Insuring the world's fun.®

**Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

**Motorsport Disability Income Program**

PHONE: 800.348.1839

FAX: 260.459.5102

EMAIL:

KK.Motorsports@kandkinsurance.com

WEB SITE:

kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

**Submission Instructions:**

---

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

**Underwriting Information Required:**

---

- Motorsport Driver Insurance Profile
- Copy of contract for contractual indemnity
- Proof of Income/Prior Earnings

Insuring the world's fun.®



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

# MOTORSPORT DISABILITY INCOME APPLICATION

## APPLICANT INFORMATION

Named of Insured (as it will appear on policy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Who would be the beneficiary under the policy? \_\_\_\_\_

Has any insurer ever declined to accept or renew, cancelled or accepted only at special terms any life, accident or illness insurance in respect of the person to be insured?  Yes  No

Has the insured previously purchased this type of insurance in the last 3 years?  Yes  No

<u>Effective Date</u>	<u>Expiration Date</u>	<u>Insurer</u>	<u>Premium</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the Insured had any claims incurred in the last 3 years?  Yes  No

If answered yes above please complete the following:

<u>Date</u>	<u>Total Paid</u>	<u>Track</u>	<u>Details of Loss</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ Team: \_\_\_\_\_

## PROPOSER / AGENT / BROKER INFORMATION

Name of Proposer (if someone other than insured is completing this): \_\_\_\_\_

Name of Agency / Brokerage (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

## COVERAGE BENEFIT LIMITS

A - Death by Accident Limit: \_\_\_\_\_

B - Permanent Total Disablement due to Accident Limit: \_\_\_\_\_

C - Accident Temporary Total Disablement Limit: \_\_\_\_\_

(Weekly benefit, in excess of the first 14 days)

Elimination Period for B & C above Weeks: \_\_\_\_\_

D - Permanent Total Disablement due to Illness Limit: \_\_\_\_\_

E - Illness Temporary Total Disablement Limit: \_\_\_\_\_

(Weekly benefit, in excess of the first 14 days)

Elimination Period for D & E above Weeks: \_\_\_\_\_

F - Medical and Repatriation Expenses Limit: \_\_\_\_\_

Is this for 24/7 coverage not just limited to racing activities?  Yes  No

Primary Sanctioning Bodies holding Covered Events:

FIA       IMSA       INDYCAR       NASCAR       SCCA  
 Other: \_\_\_\_\_

Name of Championship: \_\_\_\_\_

Are you driving a full season in this Championship: \_\_\_\_\_

*If competing in races held by other Sanctioning Bodies please provide a detailed schedule.*

What is your gross contracted salary, exclusive of bonuses this year? \_\_\_\_\_ (Underwriters may ask for justification of this amount)

### APPLICANT HISTORY

*PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED*

Are you currently in good health (free from injury and/or illness) and have you been so for the last 3 years?  Yes  No

If 'no' please supply full details and complete the details: \_\_\_\_\_

Please advise the number of race activities you have missed and/or the amount of time you were disabled (due to injury or illness) for each of the last 3 seasons/years. If you have not had any injuries/illnesses please complete by writing Nil as applicable)

<u>Season / Year</u>	<u>Missed Events / Time</u>	<u>Injury / Illness</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had any Drivers License revoked, suspended or restricted?  Yes  No

If 'yes' please supply full details including dates: \_\_\_\_\_

Have you attended a doctor or hospital due to any ailment or serious illness during the last 3 years?  Yes  No

If 'yes' please supply full details including dates: \_\_\_\_\_

Have you had any operations or been involved in any form of accident?  Yes  No

If 'yes' please supply full details including dates: \_\_\_\_\_

Have you had any X-Rays, CAT Scans or MRI Scans within the last 3 years?  Yes  No

If 'yes' please supply full details including dates: \_\_\_\_\_

Have you taken any prescribed medicine, including courses of cortisone, pain reducing or anti-inflammatory medication during the last 3 years?  Yes  No

If 'yes' please supply full details including dates: \_\_\_\_\_

### OTHER ACTIVITIES

Do you participate in any of the following?  Yes  No

Winter Sports (Skiing, Snowboarding, Snowmobiling, Skating, etc.)?  Yes  No

Skin Diving involving the use of breathing apparatus?  Yes  No

Rock Climbing or Mountaineering normally involving the use of ropes or guides?  Yes  No

Potholing (Cave Exploration)?  Yes  No

Parachuting?  Yes  No

Horse-riding?  Yes  No

Flying (other than as a passenger in a commercial aircraft)?  Yes  No

Riding motorcycles or motor scooters? If 'yes' please state engine size CC (Cubic Centimeters) \_\_\_\_\_  Yes  No

Football and/or Rugby?  Yes  No

Any other occupation, sport, pastime or activity which is likely to involve extra risk of accident?  Yes  No

If the answer is 'yes' to any of the above questions, please supply full details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

To the best of my/our knowledge and belief, and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts.

I/We understand that non-disclosure or misrepresentation of a \*material fact will entitle Underwriters to void the Insurance.

NOTE: \* A material fact is one likely to influence acceptance or assessment of this Proposal by the Underwriters: if you are in any doubt as to whether a fact is material or not, you must disclose it.

I/we understand that the Underwriters will determine the terms and conditions upon the information provided in connection with this proposal; and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept the insurance. Should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

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)



# MANDATORY SIGNATURE SUPPLEMENT

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

**Applicant name:** \_\_\_\_\_

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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.

### **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### **Applicable in AR, LA, MD, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

### **Applicable in DC**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Applicable in KY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Applicable in ME, TN, and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NM**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **Applicable in NJ**

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

### **Applicable in NY**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Applicable in OH**

Any person who, with intent to defraud or knowing that he 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.

### **Applicable in OK**

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.

### **Applicable in PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

FRAUD APPS (2019/11)

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)