



Insuring the world's fun!

P.O. Box 2338
Fort Wayne, IN 46801-2338
1-800-440-5580 Fax 1-260-459-5810
www.kandkinsurance.com
CA# 0334819

JOCKEY ACCIDENT MEDICAL PROPOSAL REQUEST FORM

Insured name (as will appear on policy): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Track name: _____

Track address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: (____) _____ Fax: (____) _____

PROPOSAL INFORMATION

1. Proposed effective date: _____

2. Current accident policy:

Medical maximum \$ _____ Deductible \$ _____ Coinsurance _____ %

Disability benefit \$ _____ Elimination period: _____ Weeks/months payable: _____

AD&D benefit \$ _____ Special features: _____

Expiration date: _____

Who is covered? ☐ Jockeys ☐ Trainers ☐ Exercisers ☐ Owners ☐ Other specify other: _____

3. Please provide the following information for the current year meet(s):

<u>Meet dates</u>	<u>Number of race days</u>	<u>Number of steeplechase races</u>
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

4. List dates of stabling/training days (do not include dates of meets):

<u>Dates</u>	<u>Number of days</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please provide the total number of live race days for the prior 5 years.

Year _____	# of Live Race Days _____	Year _____	# of Live Race Days _____
Year _____	# of Live Race Days _____	Year _____	# of Live Race Days _____
Year _____	# of Live Race Days _____		

TRACK INFORMATION:

6. Outer rail construction material: _____ Outer rail height: _____
Manufacturer of outer rail: _____ Date installed: _____
7. Inner rail construction material: _____ Inner rail height: _____
Manufacturer of inner rail: _____ Date installed: _____
8. How often is the track inspected? _____
9. Are the use of helmets, flak jackets, and goggles mandatory? ☐ Yes ☐ No
10. Does an ambulance: ☐ Yes ☐ No
a. Follow the field? ☐ Yes ☐ No
b. Remain stationed trackside? ☐ Yes ☐ No
c. Other (describe): _____
11. Is night or twilight racing conducted? ☐ Yes ☐ No
a. If yes, is the track equipped with lighting sufficient to illuminate the entire racing surface? ☐ Yes ☐ No
b. Is there a backup (emergency) lighting system? ☐ Yes ☐ No
c. Does the backup system automatically activate in the event of a power loss? ☐ Yes ☐ No
d. How is the power for the backup system generated? _____
12. Please provide details of vehicle traffic during workouts and race times: _____

LOSS INFORMATION:

Policy Period Premium Paid Claims Claims as of Racing Season Racing Days Covered Charges

Describe any claims of more than \$50,000 or other unusual events:

Additional Comments: _____

Please enclose the following items along with this form and forward to K&K Insurance Group, Inc.:

- ☐ **Past five years insurance company loss runs**
☐ **Copy of current policy**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this form 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)