



1712 Magnavox Way 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

Insuring the world's fun!

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 each year below:

2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____

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:
 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:

<u>Policy Period</u>	<u>Premium</u>	<u>Paid Claims</u>	<u>Claims as of</u>	<u>Racing Season</u>	<u>Racing Days</u>	<u>Covered Charges</u>

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)