

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 70 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

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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

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 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)

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 another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, 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 CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA 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 MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

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)