



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

MOTORSPORT DRIVER INSURANCE PROFILE

Proposed Insured: _____ Age: _____ Height: _____

Insured Occupation: Professional Motor Racing Driver, Series: _____

Competition History (Past 4 years including current year)

Year	Series	Team	Salary	Winnings	Other Income (Source)

Does insured plan to compete in any other series? Yes No
 if yes, please list series: _____ Number of events: _____

Injury/Illness History (Past 3 years including current year)*

Date	Cause / Diagnosis	Events Missed	Extent Recovered

*Include all hospital stays whether for observation only or for treatment.

Current Coverage

Temporary Total Disability (TTD):

Benefit amount: \$ _____ per week month race;
 Elimination period _____ days months race;
 Benefit Period _____

Permanent Total Disability (PTD):

Elimination period _____; Sum Insured \$ _____;

Accident Medical:

Limit \$ _____; Deductible \$ _____
 Accident medical limit provided by sanctioning body: \$ _____

Accidental Death:

Limit \$ _____

Accidental Death & Dismemberment:

Limit \$ _____

Insurer: _____

Contract during coverage period: Guaranteed Not Guaranteed.

Comments: _____

Proposed Coverage

Temporary Total Disability (TTD):

Benefit amount: \$ _____ per week month race;
 Elimination period _____ days months race;
 Benefit Period _____

Permanent Total Disability (PTD):

Elimination period _____; Sum Insured \$ _____;

Accident Medical:

Limit \$ _____; Deductible \$ _____

Accidental Death:

Limit \$ _____

Accidental Death & Dismemberment:

Limit \$ _____

Other: _____

Contract during coverage period: Guaranteed Not Guaranteed.

Comments: _____

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.

Name of person completing this profile (print) _____

Producer's Name (if applicable) _____

Signature _____

Producer's Signature _____

Phone# _____

Phone# _____

Date (MM/DD/YY) _____

Date (MM/DD/YY) _____ 1098 1/05