

Competitive Advantage Program Membership application Let's kick some risk.®

Your safety and security are our utmost concern, but we are aware that accidents can and do happen. **Competitive Advantage Program (CAP)** is designed to help protect and provide for those who need insurance against the risk of motorsports events. Please complete and submit this application with initial premium payment or provide credit card information, as indicated. **USE ONE FORM FOR EACH DRIVER.**

NAME: _____ ADDRESS: _____
CITY, STATE, ZIP: _____ EMAIL: _____
PRIMARY PHONE: _____ CELL: _____ FAX: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ AGE: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs.
TEAM OWNER: _____ ADDRESS: _____
CITY, STATE, ZIP: _____ EMAIL: _____
SERIES PARTICIPATING THIS SEASON (*list all*): _____
NUMBER OF PROJECTED EVENTS THIS YEAR: _____

PAYMENT OPTIONS: ☐ \$279 for U.S. coverage ☐ \$399 for International coverage

☐ Cash.

☐ Check enclosed. Initial premium deposit required to establish account; subsequent payments may be billed or received via automatic bank transfer.

☐ Please apply to my credit card (circle one): MasterCard VISA Discover

FOR SECURE CREDIT CARD PROCESSING, PLEASE APPLY ONLINE at CompetitiveAdvantageProgram.com

Credit card number: _____ | _____ | _____ | _____ Expiration date: ____ / ____ Security Code _____

Name on credit card: _____

Credit card billing address: _____

Member Benefits

- \$500,000 full excess accident medical expenses over the participant's health insurance and track Participant Accident Insurance
- \$10,000 accidental death and dismemberment coverage
- Valid anywhere in the United States. International coverage available — call for details.
- Discount packages available for members with safety equipment manufacturers
- No age limits on customers
- Two-year benefit window
- Priority claims service and prompt communication

CONFIRMATION:

I have read the limitations and benefits of the subscription benefit provided by CAP, LLC., and understand that coverage will be in effect when I have received the enrollment acknowledgement.

SIGNATURE: **X** _____

Notes and Specifications

- This program is an excess participant accident benefit and will pay after the tracks, sanctioning body(ies), and any other valid and collectable insurance that the enrollee may have.
- The deductible for this benefit is \$15,000. Participants should confirm that the facility or sanctioning body(ies) has a minimum of \$15,000 medical (primary or excess) coverage.
- Participants must compete in the division and style of car declared.
- Motorcycles, ATVs, Quads, and Snowmobiles are excluded.
- The event or practice must have safety services on standby.

Questions? Please call a CAP representative toll free at 855.969.0305. PLEASE RETAIN a copy of this application for your records.

PLEASE REMIT by fax: 260.459.1630 • by mail: CAP, LLC., 14033 Illinois Road, Suite A, Fort Wayne IN 46814 • or email: sara@kicksomerisk.com