



## Competitive Advantage Program

# Membership application.

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.

*Please print*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. WEBSITE (if applicable): \_\_\_\_\_

TEAM OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SERIES/TRACK PARTICIPATING THIS SEASON (list all): \_\_\_\_\_

NUMBER OF PROJECTED EVENTS THIS YEAR: \_\_\_\_\_

**PAYMENT OPTIONS: CAP ANNUAL PREMIUM PER INDIVIDUAL of \$217.**

Check enclosed, payment in full.

Please apply to my credit card (circle one): MasterCard VISA Discover CVC Code on back: \_\_\_\_\_

Credit card number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

### 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
- Discount packages available for members with safety equipment manufacturers
- No age limits on customers
- One-year benefit window
- Priority claims service and prompt communication

### 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. Thank you!

PLEASE RETAIN a copy for your records. PLEASE REMIT by Fax: 260.459.1630 ... or by Mail: CAP, LLC., 4115 Clubview Drive, Fort Wayne, IN 46804