



NMRA  
207 W. Los Angeles Ave #264  
Moorpark, CA 93021

Motorsports Participant Enrollment Form  
Individual Accident Program  
NMRA

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TRACK \_\_\_\_\_

AGE \_\_\_\_\_ TEAM DUTIES \_\_\_\_\_  
(Driver or Associate)

Premium remitted \_\_\_\_\_

COVERAGES: \$ 5,000.00 Accidental Death & Dismemberment  
\$100,000.00 Excess Medical \*

\* coverage is excess over track's existing Medical Program - \$15,000.00 Deductible

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Track Official Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

1712 West 40th Way  
P.O. Box 2379  
Fort Wayne, Ind 46801-2379  
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