

On Track Accident Medical with AD&D

Enrollment Form

for US Drivers/Trainers only while racing/training at a Canadian Track

Policyholder: United States Trotting Association

Policy No.: 99066913

Please check one:

- New Enrollment
 Change in Existing Coverage

Please print clearly

 Last Name First Name Middle Name

 Address/P.O. Box

 City/State/Zip Code

 Phone #

 Cell #

 USTA Driver/Trainer License Number

 Date of Birth

 Your Loss of Life Beneficiary

 Relationship

Plan Choice: (check one of the plans)

- Option 1: \$10,000 AD&D & \$100,000 Accident Medical
\$200 Annual Premium
- Option 2: \$10,000 AD&D & \$250,000 Accident Medical
\$400 Annual Premium

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

 Your Signature

 Date

Please mail form and premium payable to:

Van Gundy Insurance
101 S. Towanda Avenue
Normal, IL 61761

