NOTICE TO POLICY HOLDER: PLEASE COMPLETE ALL APPLICABLE FIELDS TO THE BEST OF YOUR ABILITY. FAILURE TO PROVIDE REQUIRED INFORMATION MAY DELAY PROCESSING OF YOUR CLAIM. PLEASE NOTE THAT YOUR OPEN TRACK POLICY PROVIDES COVERAGE FOR NON-COMPETITION, NON-TIME-TRIAL DRIVING ACTIVITIES ONLY. CLAIMS FOR DAMAGE OCCURRING AT ANY TIME DURING TIMED LAPPING, COMPETITIVE EVENTS, WARM-UP LAPS FOR QUALIFYING, OR ACTUAL RACES WILL NOT BE COVERED. PLEASE DO NOT COMMENCE REPAIRS TO YOUR VEHICLE UNTIL AUTHORIZED BY YOUR OPEN TRACK CLAIM REPRESENTATIVE.

Basic Information:

INCIDENT DATE: ____________ TIME: ____________ □ AM □ PM TRACK NAME: ________________________________________________________________
LOCATION ON TRACK: ______________________ NAMED INSURED ON POLICY: ________________________________________________
DRIVER: □ STUDENT □ INSTRUCTOR □ N/A NAME: __________________________ PHONE: (___)__________
PASSENGER: □ STUDENT □ INSTRUCTOR □ N/A NAME: __________________________ PHONE: (___)__________
NAME OF PERSON COMPLETING REPORT: __________________________ PHONE: (___)__________

Event Information:

EVENT SPONSOR: __________________________________ REGION/CHAPTER: (if applicable) ________________________________
EVENT TYPE: □ DRIVING SCHOOL-BASIC □ HPDE □ LAPPING-OPEN SESSION □ SPECIAL EVENT/OTHER ________________________________
EVENT START DATE: _______ END DATE: _______ ADDITIONAL EVENT INFO: ________________________________________________________

Vehicle Information:

INSURED VEHICLE- MAKE: ____________ MODEL: ____________ YEAR: ______ VIN: ____________ MILEAGE: ______
MECHANICAL PROBLEM WITH VEHICLE? □ YES □ NO STABILITY/TRACTION CONTROL SYSTEMS DISABLED? □ YES □ NO
VEHICLE #2: □ CHECK BOX IF N/A MAKE: ____________ MODEL: ____________ DRIVER NAME: __________________________

Particulars of Incident:

TRACK CONDITIONS: □ DRY □ DAMP/WET □ ICE/SNOW □ FLUIDS □ DEBRIS TEMP: ____ °F LIGHTING: □ DAY □ NIGHT □ DUSK
VISIBILITY: □ GOOD □ FAIR □ POOR PRECIPITATION: □ NONE □ DRIZZLE/LIGHT RAIN □ HEAVY RAIN □ SNOW
BRIEF DESCRIPTION OF INCIDENT: ________________________________________________________________

ACTION OF VEHICLE: (CHECK ALL THAT APPLY) □ STRUCK WALL/GUARDRAIL □ STRUCK DITCH OR EMBANKMENT □ STRUCK ANOTHER VEHICLE
□ STRUCK DEBRIS ON TRACK □ ROLLOVER □ SPIN TO INSIDE □ SPIN TO OUTSIDE □ OFF TRACK AND RETURNED □ DROVE OFF TRACK INSIDE
□ DROVE OFF TRACK OUTSIDE

CONTRIBUTING FACTORS: □ MECHANICAL-STEERING □ MECHANICAL-BRAKES □ MECHANICAL-OTHER □ BLOWOUT □ OTHER VEHICLE
□ OTHER CAUSE (EXPLAIN) ____________________________________________________________

WITNESS #1-NAME: __________________________________ PHONE: (___)____
WITNESS #2-NAME: __________________________________ PHONE: (___)____

Additional Driver Information:

SKILL LEVEL: □ NOVICE □ INTERMEDIATE □ ADVANCED AGE BRACKET: □ 25-45 □ 45-65 □ 65+
EXPERIENCE (APPROXIMATE NUMBER OF TRACK DAYS): TOTAL DAYS:_______ AT THIS TRACK: ______ IN THIS MAKE/MODEL: _______

Insured’s Certification:

I hereby attest and certify that to the best of my knowledge and belief, all of the information on this form is complete and accurate, under penalty of perjury.

Printed Name of Insured __________________________ Signature of Insured __________________________ Date __________