

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