

STARR

INSURANCE COMPANIES

Jockey Questionnaire – Blanket Accident Coverage

Date Submitted: _____

Requested Effective Date: _____

Policyholder Information:

Racetrack Name:

Address:

Website:

Contact Name:

Jockey and Breed Information:

Total Number of licensed Jockeys:

Breed(s) of racehorses participating:

Safety and Exposure Information:

Type of track:

Length of track:

Race season:

Number of race days per year:

Number of races per year:

Weather protocols:

Racing level at track (purses):

Premium: _____

High: _____

Other: _____

Training schedule/hours on race day:

Accredited by NTRA Safety and Integrity Alliance:

Additional track safety and risk management protocols in place:

Please provide copies of current policy, and loss runs for the past five years:

Covered Activities:

Please describe the activities you want covered:

Benefits:

Accidental Death: \$ _____

Accidental Dismemberment: \$ _____

Accident Medical Expense Benefit: \$ _____

Primary _____ Excess _____

Deductible: \$ _____

Per Cent of Usual & Customary _____ %

Weekly Accident Indemnity

Maximum Weekly Amount: \$ _____

Elimination Period: _____ Days

Maximum Benefit Period: _____ Weeks

Additional Benefits:

Proposed Policy Term:

Prior Coverage: Yes _____ No _____

If "Yes", please provide the name of the prior insurance company, renewal date and five years premium and loss detail:

Name of Agency: _____

Address, City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Email Address: _____

Requested Commission: _____

Proposed Effective Date:

The statements made herein are true and complete to the best of my knowledge, and it is understood and agreed that the insurance shall not become effective unless this Application and Effective Date are approved in writing by Starr Indemnity & Liability Company. All statements made by the Policyholder in this Application will be deemed representations and not warranties.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Date

Authorized Signature

Officer's Name

Title

Date

Licensed Agent's Signature

Licensed Agent's Name

Licensed Agent ID#