STARR INSURANCE COMPANIES

INVICTUS UNDERWRITERS

Jockey Questionnaire – Blanket Accident Coverage

Date Submitted: _____ Requested Effective Date: _____

Policyholder Information:

Racetrack Name: _____

Address:

Website:

Contact Name/email/phone:

_____

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 (average purse): Premium: _____

High: _____

Other: _____

Training schedule/hours on race day: _____

Accredited by NTRA Safety and Integrity Alliance: Yes ☐ No ☐

Additional track safety and risk management protocols in place:

_____

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

Covered Activities:

Please describe the activities you want covered below:

Benefits Requested:

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: to

Prior Coverage: Yes ☐ No ☐

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

Name of Agency: _____

Address, City, State, Zip: _____

Contact Name: _____

Phone Number: _____ Email Address: _____

Requested Commission: _____

Proposed Effective Date: _____

The below authorized individual represents, after inquiry, that the statements made herein are true and complete to the best of his/her/its knowledge, and it is understood and agreed that any insurance is issued in reliance upon the truth of such statements, all of which are material to the risk. Any insurance shall not become effective unless this Questionnaire and Effective Date are approved in writing by Starr Indemnity & Liability Company or their authorized representative Invictus Underwriters, LLC. 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	Date
_____	_____
Authorized Signature	Licensed Agent's Signature
_____	_____
Officer's Name	Licensed Agent's Name
_____	_____
Title	Licensed Agent ID#