MCNA

Motorsports Corporation of North America

Supplemental Participant Accident Program

400 South Atlantic Ave
Suite 101-A
Ormond Beach, FL 3217

Phone: 888-815-8765 ext 18
Fax: 386-672-4630
E-mail: MCNA@RandSE.com

Benefits

- **$250,000** excess medical coverage
- **$10,000** Accidental Death
- Valid anywhere in the United States
- One Year Benefit window

This is a summary of coverage's only and is subject to the detailed terms, provisions, conditions of the policy to which it pertains.

Specifications

- This program is an excess Participant Accident benefit and will pay after the tracks, sanctioning body and any other valid and collectable insurance the enrollee may have.
- The deductible for this benefit is $15,000. Participants should confirm the facility or sanctioning body has a minimum of $15,000 medical (primary or excess)
- Participants must compete in the division and style of car declared.
- Motorcycles, ATV's, Quads are excluded.
- The event or practice must have safety services on standby.

Application for Enrollment

Fee Schedule
(policy term January 1st to December 31st)
40 <u>or Less</u> events
$400.00
<u>41 or More</u> events
$500.00

Name: _____

Street Address_____

City: _____ State: ____ Zip: _____

Phone: _____Fax: _____Cell _____

SSN _____-_____-_____ E-Mail:_____Age: ____
Height: _____ Weight: _____

Team Owner _____

Address _____City _____ State __ Zip _____
Series Participating this season (list all)_____
Number of projected events this year: _____

I have read the limitations and benefits of the subscription benefit provided by MCNA and understand coverage will be in effect when I have received the enrollment acknowledgement.

Signature _____ Date _____