On Track Accident Medical with AD&D

Enrollment Form

for US Drivers/Trainers only while racing/training at a Canadian Track

Policyholder: United States Trotting Associatio Policy No.: 99066913	n
Please check one: ☐ New Enrollment ☐ Change in Existing Coverage	
Please print clearly	
Last Name First Name Mid	ddle Name
Address/P.O. Box	
City/State/Zip Code	
Phone #	Cell #
USTA Driver/Trainer License Number	Date of Birth
Your Loss of Life Beneficiary	
Relationship	
Plan Choice: (check one of the plans)	
☐ Option 1: \$10,000 AD&D & \$100,000 Accide \$200 Annual Premium	lent Medical
☐ Option 2: \$10,000 AD&D & \$250,000 Accid \$400 Annual Premium	lent Medical
ANY PERSON WHO, WITH INTENT TO DEFRANT FACILITATING A FRAUD AGAINST AN INSUR CLAIM CONTAINING A FALSE OR DECEPTIVE FRAUD.	ER, SUBMITS AN APPLICATION OR FILES A
Your Signature	Date
Please mail form and Van Gundy	=
v an Gunuy	insulance

101 S. Towanda Avenue Normal, IL 61761



