



2015/16 ISR Insurance Claim Survey Form & Instructions

If you are injured in an ISR Event, and need to file a claim, please complete this form along with the attached claim form and return back to Nikki@usacracing.com, or USAC Racing 4910 W. 16th St. Speedway, IN 46224.

**YOU HAVE 90 DAYS FROM THE DATE OF THE ACCIDENT TO SUBMIT A CLAIM.
ALL CLAIMS PAST 90 DAYS WILL BE DENIED.**

Name _____

USAC Member# _____ If one time membership check here

Date of Accident _____ Date Claim Received (office use) _____

Race Name/Location _____

****YOU MUST ALSO SUBMIT AN INCIDENT REPORT FROM THE RACE DIRECTOR.
ANY CLAIMS WITHOUT THIS INFORMATION WILL NOT BE SUBMITTED****

Primary Insurance Name _____

I DO NOT have primary insurance, and understand a \$5000 deductible will apply.

Follow these steps to complete the attached claim form.

ANY INCOMPLETE FORMS WILL BE PUT ON HOLD.

- Parts #1-2, Policyholder info: USAC Racing 4910 W 16th St. Speedway, IN 46224
- Parts #3-27, Fill out all fields **completely** to the best of your knowledge. ***You MUST list your Social Security number.**
- Parts #28-30, Signature of a USAC Rep – **LEAVE BLANK USAC WILL COMPLETE**
- Other Insurance: Fill in your Insurance provider and policy number, or check “NO” if you do not have primary insurance. (\$5000 Deductible will apply)
- **EVERYONE** must sign the third signature spot from the bottom where it says “Signature of Participant or Parent.”
- **EVERYONE** must sign the bottom two spots under “Authorization to Pay Benefits to Provider”

***Send all Bills & EOB's associated with the claim with your claim form. As bills are received continue to send them to USAC to be submitted on your behalf.**

Once your claim is set up you will receive confirmation from the insurance company.

If you have any questions please contact Nikki@usacracing.com or call 317-247-5151 X214.



Unified Group Services PO Box 10 Pendleton, IN 46064

Variable - Claim / Incident Report

Policy Number:

E-Mail Reports to: Nikki@usacracing.com

FOR UFG USE ONLY: Claim Company # _____ Plan # _____ Location: _____

PART I - POLICYHOLDER'S REPORT

1. Name of Policyholder: 2. Address of Policyholder: (Address, City, State, Zip) 3. Name of Injured Person: 4. Injured: Driver Pit Crew Official Spectator Other 5. Address of Injured Person: Street City State Zip 6. Social Security Number: 7. Gender: M F 8. Date of Birth: / / 9. Best Contact Phone Number: 10. E-Mail: 11. Track Name/Location: Indoor Outdoor 12. Sanctioned By: 13. Date of Injury: / / 14. Time of Injury: Morning Afternoon Evening Lights 15. Disposition: On-Site Care Only Ambulance to (city) 16. Injured Body Part: 17. Condition (sprain, fracture, concussion, etc.): 18. Fatality: Yes No 19. Type: Snowmobile Other 20. Occasion: Pre-Race Pit Stop During Race - Start Early Mid Late Finish Practice Time Trials Heat Between Races After Races 21. Location: Loading Area Turn # Pits Pit Entrance/Exit Other 22. Activity: Passing Normal Racing Horseplay Being Passed Sudden Mechanical Failure Other Maintenance - Fuel Tires Mechanical Loading/Unloading 23. Situation: If Non-Mechanical Failure Hit multiple car pile-up Hit by Collided with Fall - Slip Trip Pushed Other If Mechanical Failure Lost Front Wheel - Left Right Cut Tire Lost Rear Wheel - Left Right Other Blown Engine Stuck Throttle 24. Surface: Snow Water Grass Ice Other 25. Condition: Normal Wet Snow/Ice Irregular Oily Other 26. Describe How Accident Happened: Witness: Yes No (If yes, complete witness information)

27. Name, Address, City, State, Zip and Best Contact Phone Number of Witness: 28. SIGNATURE OF POLICYHOLDER REPRESENTATIVE 29. TITLE 30. DATE / /

PART II - OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee or dependent member of a Health Insurance Plan or prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? YES NO If Yes: Name of insurance company Policy # Name of insurance company Policy #

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE OR HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW. I agree that should it be determined at a later date there is insurance (or similar), to reimburse UFG Claim Services, or the insurance company to the extent of any amount collectible.

SIGNATURE OF PARTICIPANT OR PARENT WITNESS DATE

PART III - AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I authorize medical payments to physician or supplier for services described on any attached statements enclosed. SIGNATURE DATE I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original. SIGNATURE: DATE:

FRAUD STATEMENTS

GENERAL: 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.

ALASKA, ARKANSAS, IDAHO, INDIANA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA RESIDENTS: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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 is a crime.

MARYLAND: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

PENNSYLVANIA: Any person 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an applications for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.