



CAP

Competitive Advantage Program

Membership has its privileges.

Your safety and security are our utmost concern. And while our programs promote "smart" motorsports participation, we are aware that accidents can and do happen. That's when **Competitive Advantage Program (CAP)** can help protect and provide for those who need insurance against the risk of motorsports events. From start to finish, you'll be covered, and that means everybody wins..

Member Benefits

- \$250,000 full excess accident medical expenses over the participant's health insurance and track Participant Accident Insurance
- \$10,000 accidental death and dismemberment coverage
- Valid anywhere in the United States
- Discount packages available for members with safety equipment manufacturers
- No age limits on customers
- One-year benefit window
- Priority claims service and prompt communication

\$279.

flat rate

★ **ONE GREAT RATE for Drivers or Crewmen — and NO minimum or maximum number of events!**

Notes and Specifications

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

Questions? Please call a CAP representative toll free at 855.969.0305 or visit CompetitiveAdvantageProgram.com. *Thank you!*



Please complete, detach, and submit this application with initial premium payment or provide credit card information, as indicated.

NAME: _____ ADDRESS: _____
 CITY, STATE, ZIP: _____ EMAIL: _____
 PRIMARY PHONE: _____ CELL: _____ FAX: _____
 SOCIAL SECURITY NUMBER: _____ - _____ - _____ AGE: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs.
 TEAM OWNER: _____ ADDRESS: _____
 CITY, STATE, ZIP: _____ EMAIL: _____
 SERIES PARTICIPATING THIS SEASON (list all): _____
 NUMBER OF PROJECTED EVENTS THIS YEAR: _____

PAYMENT OPTIONS:

Check enclosed. Initial premium deposit required to establish account; subsequent payments may be billed or received via automatic bank transfer.

Please apply to my credit card (circle one): MasterCard VISA Discover

Credit card number: _____ | _____ | _____ | _____ Expiration date: _____

Name on credit card: _____

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

SIGNATURE: _____



PLEASE REMIT by Fax: 260.459.1630 ... or by Mail: CAP, LLC., 4130 Engleton Drive, Fort Wayne, IN 46804