



2014 TECATE SCORE BAJA 1000 CHASE TEAM INSURANCE APPLICATION



DOR Name: _____ Vehicle Number: _____

Name of Person Requesting Coverage (\$50 each/race)	Date of Birth

Billing Information:

Name on Card: _____

Amount Authorized To Be Charged: \$50 x _____ = _____

Billing Address: _____ City: _____ State: _____

Zip: _____

Card Information:

Card Type: Visa _____ M/C _____ Discover _____

Credit Card No.: _____ Exp. _____ CV2 _____
(On Back of Card)

Signature of Card Holder: _____ Date: _____

You can email the completed form to Brianne@score-international.com,
or fax the completed form to 775-853-1010

SCORE-International

Reno Office • 465 South Meadows Pkwy. Suite 9 • Reno, NV 89521 • (775) 852-8900 • Fax (775) 853-1010



**2014 TECATE SCORE BAJA 1000 CHASE TEAM INSURANCE APPLICATION
ACE ACCIDENT MEDICAL BENEFIT INSURANCE**

Eligible Participant:	Registered & Banded Drivers, Co-driver & Riders. Accident coverage for eligible participants is provided as part of entry fee.
Team Member Coverage	Coverage for team members can be purchased for an additional \$50.00 per person. This insurance can be purchased at registration by providing a list of names, birth dates and by making payment for this coverage. This coverage can also be pre-ordered on SCORE website under Race Info.
Covered Activity:	While participating in course reconnaissance activities of policy holder for up to three weeks prior to covered race event(s). While engaging in off-road race vehicle racing. Racing must be done on an approved and/or sanctioned course and applies only to the event(s).
Benefits:	\$ 25,000 Maximum Accident Medical Benefits \$ 250 Deductible
Additional Benefits:	Emergency Medical Evacuation for major trauma events Accidental Death and Dismemberment Rehabilitation Benefit Coma Benefit Repatriation Benefit Special Adaptation Benefit
Exclusions:	Intentional self-inflicted injury Suicide or attempted suicide War or act of war, whether declared or not Sickness or disease Aircraft Injury or loss while being legally intoxicated Injury or loss attributed to the use of drug/narcotics Injury covered by occupational benefits Participation in activity not specifically covered by policy Conditions that are not caused by covered accident Any treatment, service or supply not covered by policy Commission of, or attempt to, commit a felony
Notice of Claim:	Claimant must give insurance company or authorized representative notice of claim within 90 days after covered loss occurs.
Servicing Hospitals:	UCSD Medical Center – Hillcrest, San Diego, CA (619) 543-6222 Hospital Velmar, Ensenada, Mexico (646) 173-4500 Hospital Angeles, Tijuana, Mexico (664) 635-1900 Hospital Almater, Mexicali, Mexico (686)-558-1600 Loreto General Hospital (613) 134-0430 Hospital Jose Maria Salvatierra - La Paz (612) 175-0500
Claims Assistance:	Representatives of Qualitas Compania de Segros will be on site to assist in expediting the claim process.
Insuring Company:	ACE American Insurance Company, Philadelphia, PA

The above is a brief description of the accident insurance eligibility and benefits offered but it does not list all of the policy terms, conditions, coverage's, exclusions, limitations and definitions that apply to the policy contract. The actual policy governs all situations.

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