General Participant Accident and Liability Insurance Information

As a "participant" and/or IHRA member you are provided with certain insurance benefits at IHRA member tracks. If you are a member of IHRA you have a higher level of benefits. Highlights of those benefits are as follows:

I. PARTICIPANT ACCIDENT MEDICAL POLICY

A. Standard Member Track Event Limits:

1. $ 10,000 Accidental Death & Dismemberment
2. $ 5,000 Excess Medical Benefits for Non-IHRA Members; $100,000 if IHRA member at the time of accident, as determined solely by membership records of IHRA
3. $ 200 Per Week Disability Payments - 26 Weeks (13 week waiting period)

B. National and Pro Am Event Limits:

1. $ 50,000 Accidental Death, Nitro Jam
2. $ 50,000 Accidental Death/Dismemberment , Nitro Jam
3. $ 25,000 Accidental Death/Dismemberment, Sonic Jam & Street Warriorz
4. $ 100,000 Excess Medical Benefits, except $250,000 for Nitro Jam Pro
5. $ 200 Per Week Disability Payments for 26 weeks (13 week waiting period)

II. IHRA MEMBER CATASTROPHIC MEDICAL POLICY

Provides up to $125,000 in excess medical benefits and up to $25,000 in excess Accidental Death & Dismemberment benefits to IHRA members, as determined solely by the membership records of IHRA, who sustain accidental bodily injury while attending or participating in a covered drag racing event at IHRA member tracks.

INSURANCE SUMMARY

In the event an IHRA MEMBER PARTICIPANT (as defined in the policy) is accidentally injured at a covered IHRA Member Track event, the previously described coverages would be in effect for eligible medical expenses in the following order, and as applicable:

- Any other medical coverage available to a participant applies up to the limits of that policy or plan.

The Participant Accident policy for the International Hot Rod Association is an Excess Policy, which means that coverage is not available until all other insurance, self-insurance, or governmental plans (except Medicare and Medicaid) available to the participant are exhausted.

Coverage pays Reasonable Expenses for Medical or Dental care if:

a) the first expense is incurred within 60 days after the accident; and
b) the expense is incurred within 3 years after the accident.

Reasonable Expenses means expenses which do not exceed those generally charged for similar Medical or Dental Care in the local area where treatment is rendered.

Medical or Dental care means the necessary medical, dental or surgical treatment, services or supplies, hospital, nursing and ambulance services. All Medical or Dental Care must be provided by a legally qualified physician or dentist for the sole purpose of treating the injury, and all coverages are subject to specific limitations and exclusions.

The Participant Accident coverages described are provided by either Wells Fargo Insurance, K&K Insurance or WSIB Motorsports (depending on the provider choice of the IHRA member track) and the policy limits vary depending on the type of event and if the injured person is an IHRA member at the time of his/her accident or not.

If you have general questions (not related to a specific claim) regarding Participant Accident coverages and your track is insured with Gallagher Motorsports, you may contact Ms. Vanessa Ayres at Gallagher Motorsports, 45 E. River Park Place West Fresno, CA 93720. Ms. Ayres can be reached at: (559)256-6535 or email her at vanessa_ayres@ajg.com You may also contact Ms. Ayres if you have any questions regarding the IHRA Member Catastrophic coverage.

If you have general questions (not related to a specific claim) regarding Participant Accident coverages and your track is insured with Safehold, you may contact Ms. Trendolyn Walters at Safehold Special Risk, P. O. Box 983, Houston, TX 77001-0983. Ms. Walters can be reached at: (713) 871-2108 or email her at Trendolyn.Walters@safehold.com.com. You may also contact Ms. Walters if you have any questions regarding the IHRA Member Catastrophic coverage.

If you have general questions (not related to a specific claim) regarding Participant Accident coverages and your track is insured with K&K Insurance, you may contact Ms. Nicole Karst at K&K Insurance Group, 8700 Pisa Drive, #923 Orlando, FL 32810. Ms. Karst can be reached at: (800) 348-1839, Ext. 5198, or email her at Nicole_Karst@kandkinsurance.com. You may also contact Ms. Karst if you have any questions regarding the IHRA Member Catastrophic coverage.

If you've been injured and have questions regarding your claim, please contact the insurance company that is handling your claim. If you do not have any information about the insurance company that is handling your claim, please contact the track where your incident occurred. The track official will provide you with the name and phone number for the insurance company.

(Coverage is, at all times, limited to the terms, conditions and exclusions of the master policy)

Most Frequently Asked Questions from participant accident claimants

What coverage does the IHRA Participant Accident policy provide?
The Participant Accident policy pays up to the policy limit for 1) reasonable medical expenses incurred by a participant who sustains 2) an accidental race related injury while 3) participating in a covered event. All medical treatment must be performed by a 1) legally qualified physician and must be 2) for the sole purpose of treating the injury. The policy also provides, up to the policy limits, a Disability benefit, (subject to a waiting period) following a covered claim, and an Accidental Death and Dismemberment benefit.

How do I file a claim?
Just complete the claims forms forwarded to you by the claims representative and return them to their office along with your medical bills, if you have received any. Since coverage is "Excess", your medical bills must be processed under that coverage first. Any deductible, co-pay, and/or coinsurance amounts you are responsible for can be submitted. In most cases, in order for the claims representative to process payment to your doctor or hospital, you will need to provide a complete itemized statement, along with a copy of your insurance company's Explanation of Benefits (EOB).

Will the Participant Accident policy pay all of my bills if I don't have any other insurance?
Since every insurance policy has exclusions and limitations, it is possible that the policy may not cover all of your bills. Common reasons for this include, but are not limited to:

1. The bill is higher than what a "reasonable expense" or a "usual and customary charge" should be in your area.
2. The injury is not considered accidental.
3. The bill is unrelated to the covered injury.
4. The doctor or hospital has not provided us with all of the information needed to pay the bill.
5. The bill is not covered under the policy (i.e. air ambulance charges).

I have other insurance. Will the Participant Accident policy pay all of the bills my insurance does not?
While the Participant Accident policy will reimburse you for any deductible or co-payment you may be responsible for, it will not reimburse you for charges that your insurance company does not pay because they exceed "reasonable expenses" or the "usual and customary" allowance.

What does "reasonable expenses" or "usual and customary allowance" mean? Is this just another way to avoid paying a claim?
Most medical plans, exclude reimbursement for medical charges that are higher than those generally made in the local area where treatment is received. If your insurance company does not pay a bill in full because the charges exceed "reasonable expenses" or the "usual and customary allowance," those expenses are not likely to be paid under the Participant Accident policy, either.

Do I have any obligation to pay bills that have been turned down because they are higher than "reasonable expenses" or the "usual and customary allowance?"
When you receive treatment from a doctor or hospital, you usually sign an agreement with the doctor or hospital stating you are ultimately responsible for payment of their bill. However, you do have the right to question the validity of the doctor or hospital's charges.

When will the bill from my claim be paid?
Normal processing time is three weeks to four weeks from the date the claims representative receives your bill and all of the essential paperwork. Please be sure that your submission of paperwork is complete in order to avoid any delays.

Some of my bills are over 30 days old. Why haven't they been paid?

Since the Participant Accident policy is excess over your Health insurance coverage, you need to be sure you provided a copy of the Explanation of Benefits (which indicates what they paid or denied on your medical expenses).

The claims representative may be waiting for additional information requested from the provider. If this situation exists, you can help them calling your provider and getting the requested information.

The claims representative may never have received the bill. If you are unsure, resubmit it.

This is only a brief description of the coverage that the Participant Accident policy provides. All claims are subject to policy provision, limitations, and exclusions.