

Claim Form

Please fill out all the information below and attach any added sheets, if necessary.

Date: _____

Name: _____

Telephone: _____

Email: _____

EVENT ORGANIZER INFORMATION

Name: _____

Telephone: _____

Email: _____

Policy Number: _____

Date and Time of Incident: _____

Event Name/Group: _____

Incident Location/Address: _____

Track Conditions at Time of Incident: _____

Corner Number/Name Where Incident Occurred, If Applicable: _____

Describe the Details of the Incident (What Happened, Why, and How):

(Use an additional sheet, if necessary.)

Email your completed form and any attachments to jonathan.lawson@epicbrokers.com and ryan.staub@epicbrokers.com.