2010 PARTICIPANT ACCIDENT INSURANCE COVERAGE

A general description of certain insurance coverage applicable to 2010 USF2000 National Championship race weekend activities is set forth below. The descriptions of coverage are general and do not alter or change the terms of insurance, which in each case, are governed by the referenced insurance policies. If detailed information as to the exact terms and conditions of coverage is required, copies of the insurance policies should be obtained from the sources referenced below. In addition, Michelle Kish is available to assist with patient service issues and may be reached at mkish@andersenracingteam.com or (941) 723-3900.

The following participant accident insurance coverage is applicable at each USF2000 National Championship race weekend, including official practice, qualifying and races. **Prompt reporting of all injuries is required, and all benefits shall terminate:**

i) three years from the date of injury or

ii) immediately, should an insured person who is receiving benefits under this insurance participate in any racing program.

a.) ***Primary***. Nationwide Life Insurance Company secured through K&K Insurance Group, Inc. providing the following coverage:

Primary Accident Medical	$ 5,000
Accidental Death & Dismemberment	$ 25,000
Weekly Indemnity	$ 100 for 104 weeks after 7 days

b.) ***Excess***. Nationwide Life Insurance Company secured through K&K Insurance Group, Inc. providing the following coverage :

Excess Accident Medical *	$495,000

This program is administered through K&K Insurance Group, Inc., PO Box 2338, Fort Wayne, IN 46801 telephone (800) 348-1839. Information requests can be directed to Joe Repass or Pam Walker.

* Excess Accident Medical insurance is payable after any other applicable medical insurance. As a practical matter, this means that insurance provided by other sources (teams, person, employer, etc.) may be applicable before the Excess Accident Medical insurance. These coverage determinations, known as coordination of benefits, will be made on a case-by-case basis among the insurance companies.