

# Accident insurance for motorsports

Insurance coverage is available for motorsport events

Annual insurance with automatic renewal

## Applicant / Policyholder

Mr.  Mrs.

First Name

Second Name

Street and house number

Location/City

Company name

Birth date

Postcode

Tax identification number

## Insured person (if not policyholder)

Mr.  Mrs.

First Name

Second Name

Street and house number

Location/City

Company name

Birth date

Postcode

Tax identification number

Marital status:  Single  Married  Divorced

Employed:  Self-employed:  Public service:

Current professional activity/industry/type of business:

Annual income in EUR:

## Beneficiary in the event of survival

Policyholder:  Insured Person:  Other:

First name, Second name, Birth date

## Beneficiary in the event of death

Policyholder:  Insured Person:  Other:

First name, Second name, Birth date

Desired start of insurance: ,00:00 o'clock

The contract is tacitly renewed if not three months before expiration is terminated.

 Desired payment method:  annually  semi-annually + 3%  quarterly + 5%  monthly + 7%

**Sums insured / annual premiums**

 Im doing:  Automobile sport  Kart sport  Motorbike sport  Motorboat sport

 License holder:  Yes  No

 License number: 

Disability benefit	Maximum disability benefit (400% progr.)	Death benefit	annual net premium*
50.000,00 EUR	200.000,00 EUR	10.000,00 EUR	<b>128,00 EUR</b> <input type="checkbox"/>
75.000,00 EUR	300.000,00 EUR	10.000,00 EUR	<b>183,00 EUR</b> <input type="checkbox"/>
100.000,00 EUR	400.000,00 EUR	20.000,00 EUR	<b>256,00 EUR</b> <input type="checkbox"/>
125.000,00 EUR	500.000,00 EUR	20.000,00 EUR	<b>311,00 EUR</b> <input type="checkbox"/>
150.000,00 EUR	600.000,00 EUR	20.000,00 EUR	<b>366,00 EUR</b> <input type="checkbox"/>
200.000,00 EUR	800.000,00 EUR	25.000,00 EUR	<b>485,00 EUR</b> <input type="checkbox"/>
250.000,00 EUR	1.000.000,00 EUR	50.000,00 EUR	<b>640,00 EUR</b> <input type="checkbox"/>
300.000,00 EUR	1.200.000,00 EUR	100.000,00 EUR	<b>840,00 EUR</b> <input type="checkbox"/>

\* + applicable state insurance tax

**The following are insured free of charge:**

 Rescue costs and cosmetic surgery up to 10.000,00 EUR  
 Rehabilitation allowance up to 1.000,00 EUR

**Accident hospital daily allowance with recovery allowance**

<b>25,00 Euro / day</b>	<b>Annual net premium* 40,00 EUR</b> <input type="checkbox"/>
<b>50,00 Euro / day</b>	<b>Annual net premium* 80,00 EUR</b> <input type="checkbox"/>
<b>75,00 Euro / day</b>	<b>Annual net premium* 120,00 EUR</b> <input type="checkbox"/>

\* + applicable state insurance tax

**Total premium**

 Total annual premium net in EUR 

 + valid state insurance tax in the amount of  % 

 Total annual premium gross in EUR

**SEPA direct debit mandate / direct debit authorization (mandatory)** (annual payment)

Creditor identification number: **DE18SRC00000498807**

Does not apply to customers outside of Germany, here we sent you an invoice.

I / We authorize the payee to make payments from to collect my / our account by direct debit. For SEPA direct debits in addition: At the same time, I / I instruct my / our credit institution, by the payee on my / our account redeem drawn direct debits. Note: I can / we can within eight weeks, beginning with the debit date, the reimbursement of the debited Ask for amount. The terms agreed with my / our bank apply Conditions.

IBAN

BIC

Bank

Account Owner

Date

Signature:

**X**

**Annotation / Note (Obligation)**

Every insured event must be reported to the insurer in writing form immediately, at the latest within one week. If this obligation is violated, the insurer is released from its obligation to pay the policyholder.

**Insurance principles**  Insurance conditions for motorsport insurance SRC 06/2017

In deviation from point 2 of the Special Conditions for Disability Benefits, the progression is 400%.

**insurance coverage**

The insurance coverage  includes accidents all over the world

only applies to accidents during motorsport events

Location / Date

Signature of the policyholder:

**X**

Location / Date

Signature insured person:

**X**

Location / Date

Signature of the legal representative:

**X**