



MOTORSPORTS **LOSS REPORTING GUIDELINES**

ALL losses are to be reported to us in a timely manner.

Please file all incident reports on the attached report forms with our office within 48 hours from the date of occurrence and include any critical information, such as witnesses, details of loss and injury.

If the loss involves a slip and fall please include dated photographs of the area and outline any alleged cause of the fall. Please include the name of the party who took the photographs.

If you plan to make any contact directly with the injured party, please notify us at the time of your reporting. Keep us informed of any and all conversations or correspondence you have from injured parties or their representatives.

We are taking this opportunity to notify you of the home phone numbers of the various principals of our office whom you should notify immediately in the event of a serious claim that may occur either on a weekend or in the evening at your location.

	<u>Home:</u>	<u>Cell:</u>
Kevin Naughton	(401) 247-1458	(401) 225-8077
Lori Taylor		(401) 258-3209
Matthew Naughton		(401) 261-5775

In the event of a serious injury occurring Monday through Friday during the hours of 8:00 a.m. and 5:00 p.m., the above people can be reached at (401) 433-4000.

Should you have any questions after reviewing the above, please call.

MOTORSPORTS INCIDENT REPORT

Insured Information

Insured _____

Address _____

Contact Person _____

Phone _____

Incident Information

Date & time of incident _____

During Practice or Race (Circle One) Sanction for Event _____

Was injured party (circle one) Spectator or Participant

How did incident happen _____

Witnesses Name _____

Address/Phone _____

Location(Circle One) Track Pits Grandstands Bleachers Infield Parking Area

Other explain _____

Injured Party

Name _____

Address _____

Phone _____

Date of Birth(age) _____

Name of Parent, if Minor _____

Nature of Injury _____

Type of treatment given on site _____

Was ambulance transport required? () yes () no

If yes, hospital transported to _____

Was further treatment recommended? () yes () no

Did party sign waiver () yes () no If yes attach copy.

Any photos of area/accident () yes () no Any video () yes () no

Send all information immediately after incident to: Naughton Insurance Inc.
P.O. Box 6192, Providence, RI 02940 (401)433-4000 Fax (401)433-5460

Date _____ Signature _____ Position _____

MOTORSPORTS INCIDENT REPORT

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Insured _____

Address _____

Contact Person _____

Phone _____

Incident Information

Date & time of incident _____

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Was injured party (circle one) Spectator or Participant

How did incident happen _____

Witnesses Name _____

Address/Phone _____

Location(Circle One) Track Pits Grandstands Bleachers Infield Parking Area

Other explain _____

Injured Party

Name _____

Address _____

Phone _____

Date of Birth(age) _____

Name of Parent, if Minor _____

Nature of Injury _____

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Date _____ Signature _____ Position _____

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Insured Information

Insured _____
Address _____

Contact Person _____
Phone _____

Incident Information

Date & time of incident _____
During Practice or Race (Circle One) Sanction for Event _____
Was injured party (circle one) Spectator or Participant
How did incident happen _____

Witnesses Name _____
Address/Phone _____
Location(Circle One) Track Pits Grandstands Bleachers Infield Parking Area
Other explain _____

Injured Party

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Address _____
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