



# Motorsports/Powerboat/PWC Claim Incident Reporting Form



1. Please fully complete this form
2. Attach itemized bills (if applicable)
3. Mail To:  
Special risk Services  
P.O. Box 31156, Omaha, Nebraska 68131  
1(800) 524-2324 or specialrisk.claims@mutualofomaha.com

PART I - POLICYHOLDER'S REPORT		POLICY NUMBER	
Name of Policyholder:		Address of Policyholder: Address, City, State, Zip)	
Name of Injured Person:		Injured: <input type="checkbox"/> Driver <input type="checkbox"/> Pit Crew <input type="checkbox"/> Official <input type="checkbox"/> Spectator <input type="checkbox"/> Other	
Address of Injured Person:			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Best Contact Phone #	E-Mail Address
Track Name / Location (if different from policyholder):			
Date of Injury:	Time of Injury: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Lights	Disposition: <input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Ambulance to (City) <input type="checkbox"/> Refused Treatment	
Injured Body Part: Side of the Body: <input type="checkbox"/> Left <input type="checkbox"/> Right		Condition (sprain, fracture, concussion, etc.)	Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Benefits Claimed: <input type="checkbox"/> Accident-Medical <input type="checkbox"/> Dental <input type="checkbox"/> Accidental Death <input type="checkbox"/> Specific Loss <input type="checkbox"/> Disability*			
*If claiming for disability benefits we need the name, address and a telephone number for your employer			
Type: <input type="checkbox"/> Oval <input type="checkbox"/> Road Course <input type="checkbox"/> Drag Racing <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/> Type of Event <input type="checkbox"/> Boat <input type="checkbox"/> PWC <input type="checkbox"/> Other <input type="checkbox"/> Event Class			
Occasion: <input type="checkbox"/> Pre-Race <input type="checkbox"/> Pit Stop <input type="checkbox"/> During Race: <input type="checkbox"/> Start <input type="checkbox"/> Early <input type="checkbox"/> Mid <input type="checkbox"/> Late <input type="checkbox"/> Finish <input type="checkbox"/> After Race			
Description of Accident (Attach a Separate sheet if necessary):			
Witnesses: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete witness information below)			
Name / Address / Best Phone # of Witness:			
SIGNATURE OF WITNESS			

SIGNATURE OF POLICYHOLDER REPRESENTATIVE	TITLE	DATE _/_/___
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## PART II – STATEMENT OF CERTIFICATION (required)

I hereby certify that all preceding information is true and complete, and I have reviewed the fraud statement for my state.

New York Claimants: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)

Signature of Parent/  
Guardian/Claimant (required) \_\_\_\_\_ Date \_\_\_\_\_



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## PART III – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree?  YES  NO

If Yes: Name of Insurance Co:	Policy #
Name of Insurance Co:	Policy #

Are you eligible to receive benefits under any governmental plan or program, including Medicare?

YES  NO If yes, please explain: \_\_\_\_\_

**IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim.**

Father/Guardian Name / Address / Best Phone #:

Mother/Guardian Name / Address / Best Phone #:

## PART IV – AUTHORIZATION TO RELEASE INFORMATION TO PROVIDER

I hereby authorize any physician, hospital or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by Mutual of Omaha Insurance Company or its representatives, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

*The laws of some states require us to furnish you with the following notices:*

- \*\* **Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- \*\* **Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- \*\* **Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- \*\* **Arkansas, Louisiana and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- \*\* **California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- \*\* **Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- \*\* **Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- \*\* **District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- \*\* **Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



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- \*\* **Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- \*\* **Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- \*\* **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- \*\* **Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- \*\* **Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- \*\* **Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- \*\* **New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment of insurance fraud, as provided in RSA 638:20.
- \*\* **New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- \*\* **New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- \*\* **Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- \*\* **Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- \*\* **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- \*\* **Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
- \*\* **Tennessee, Virginia, and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- \*\* **Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- \*\* **If you live in a state other than mentioned above, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.