



This is a Summary of Benefits available to you as a member of RaceReady, Inc. This Summary does not provide complete details of the coverage that may be available. Please refer to the language in the policy by visiting [www.spot.com](http://www.spot.com) for full terms and conditions.

**Accidental Death & Dismemberment**

**YOUR ELIGIBILITY**

This is Voluntary Sports Coverage. You must be a Member in good standing of the RaceReady, Inc. to enroll in one of the classes below:

PRINCIPAL SUM	
Class Description	Principal Sum
<p><b>Class 1</b> Members of the Policyholder who elect daily coverage and pay the required premium for Motorcross training, racing and practicing. Motorcross racing, training and practicing must take place in the USA on the same track as the event location. Events must be scheduled by the Policyholder and take place on the same track as the event location. Coverage is purchased on a per day basis.</p>	\$10,000
<p><b>Class 2</b> Members of the Policyholder who elect event coverage and pay the required premium for Motorcross training, racing and practicing. Motorcross racing, training and practicing must take place in the USA on the same track as the event location. Events must be scheduled by the Policyholder and take place on the same track as the event location. Coverage is purchased on a per event basis.</p>	\$10,000

**Accidental Death & Dismemberment**

Your accident coverage will pay you a benefit if you suffer any of the covered losses listed below. The amount of the benefit you will receive is the percentage of the principal sum. For example, if you select \$10,000 of coverage and suffer a loss of life, the benefit would equal to 100% of the principal sum of \$10,000.

Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in Both Ears)	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in Both Ears)	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

**Accident Medical Expense**

Your accident coverage will pay you a benefit if you suffer an injury and require any of the covered medical expenses listed below. First covered expenses must be received within 30 days after the covered injury.

The amount of the benefit will be based upon the expense incurred while receiving treatment.

**Covered Medical Expenses**

- Room and board in a semi-private room;
- Intensive Care Unit (Critical Care Unit);
- Hospital Miscellaneous Services;
- Physician services, Surgery, Assistant Surgeon, Physician's Surgical Facilities, Second Opinion, or consultation, Anesthesia and its administration, In Physician Hospital Visits, Physician Office visits;
- Emergency Room;
- Outpatient X Ray, CT Scan MRI, and Laboratory Test includes charges for reading;
- Outpatient physiotherapy;
- Outpatient Nursing services;
- Orthopedic Appliances
- Ambulance Services: air and ground
- Dental Services;
- Outpatient prescription drugs;
- Medical equipment rental or if less than the purchase of equipment;

The maximum this benefit will pay, regardless of the number of injuries sustained or treatments received is \$25,000 per covered injury for up to one year from the date of the covered injury. Once the \$500 deductible has been met.

Liberty Insurance Underwriters Inc., a Liberty Mutual company, issues Blanket Accident Insurance on policy form series LIUI AH BACC P001 (12-13) and state variations identified by state code. Blanket accident insurance can provide benefits if a covered injury is sustained, or death or dismemberment occurs, in a covered accident, and it is not a substitute for major medical insurance. Product design and availability vary by state. Features and benefits may vary based on state approval. The policy form contains definitions of each of the injuries, occurrences, or events covered by the policy and the periods during which the injury must be diagnosed or services provided, or the occurrences or events occur. This is a limited benefit policy. Payment of benefits is in the form of a cash payment, and benefits will be reduced on and after certain ages. Payment is based upon sustaining a covered injury or covered death in a covered accident or the occurrence of a covered event and is subject to policy terms and conditions, including incurral periods, limitations, and exclusions, including, in certain instances, exclusions for sickness and disease, pre-existing conditions, and for injuries sustained during certain specific activities. Coverage provided and underwritten by Liberty Insurance Underwriters Inc. Home office: 175 Berkeley Street, Boston, MA 02116. Service center: Dover, NH.

This benefit will not pay for any of the following:

- Injury sustained while participating in professional athletics;
- Routine physical and care of any kind;
- Routine dental care and treatment;
- Immunizations of any kind;
- Cosmetic or plastic surgery, except as the result of a Covered Injury;
- Routine nursery or routine child care;
- Any mental or nervous disorders;
- Pre-existing Condition;
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids unless Necessary Treatment of a Covered Injury;
- Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
- In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- Expenses incurred during holiday travel, or travel for the purposes of seeking medical care or treatment;
- Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
- Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
- Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood;
- Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
- Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- Rest cures or custodial care;
- Repair or replacement of existing dentures, partial dentures, braces or bridgework;
- Personal services such as television and telephone or transportation;
- Expenses payable by any automobile insurance policy without regard to fault;
- Services or treatment provided by an infirmary operated by the Policyholder;
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity;
- Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired;
- Treatment or service provided by a private duty nurse;
- Repair or replacement of existing artificial limbs, eyes and larynx;
- Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed;
- Chiropractic treatment;
- Treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Activity, unless the Company has received a written medical release from his Physician;
- Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion;

### **Heart and Circulatory Malfunction**

Your accident coverage will pay you a benefit of \$10,000 if you suffer a sudden heart or circulatory malfunction that results in death as a direct result of participating in a covered activity.

### **Medical Evacuation**

Your accident coverage will pay you a benefit if you suffer an injury and that warrants an emergency evacuation while outside a 100-mile radius from your current place of primary residence.

The amount of the benefit will be based upon the expense incurred.

The maximum this benefit will pay, regardless of the number of injuries sustained or evacuations necessitated is \$10,000 per covered injury.

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## Voluntary Sports Coverage

If selected, you will be covered if you suffer a covered loss that occurs while participating in a regularly-schedule practice or training, a regularly-scheduled competition or exhibition game or a Sponsored Sports Covered Activity.

Sponsored Sports Covered Activity means a Covered Activity that:

1. takes place:
  - a. on a Sports Organization's premises during scheduled hours;
  - b. at another site at which the Sponsored Sports Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided by the Sports Organization; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Sponsored Sports Covered Activity by the Sports Organization.

Coverage will not be in effect while you are traveling to or from a practice, training, competition, exhibition or Sponsored Sports Covered Activity.

## TERMINATION

Your insurance coverage will terminate on the earliest of the following dates:

1. The date your membership terminates;
2. The date you enter full time active duty in the Armed Forces;
3. The date premium payments are ceased to be made; or
4. The date Race Ready, Inc. terminates or does not renew the Policy.

Loss of coverage will not affect a claim that was incurred while you were a member in good standing.

## SELECTED DEFINITIONS

Loss of coverage will not affect a claim that was incurred while you were covered.

**Accident or Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under the Policy.

**Covered Death** means Accidental death:

1. which is the direct result of a Covered Accident;
2. which results directly and independently from all other causes from a Covered Accident and independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause; and
3. suffered by the Insured Person within the applicable time period specified in the Schedule of Benefits.

**Covered Injury** means Accidental bodily injury:

1. which is sustained by an Insured Person as a direct result of a Covered Accident that is external to the body;
2. which results directly and independently from all other causes from a Covered Accident (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) that causes a Covered Loss; and
3. suffered by the Insured Person within the applicable time period specified in the Schedule of Benefits.

The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Covered Losses** means any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If the Insured Person suffers a Covered Death, the amount the Company will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

**Emergency Evacuation** means, if warranted by the severity of the Insured Person's Covered Injury:

1. the Insured Person's immediate transportation from the place where he suffers a Covered Injury to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained;
2. the Insured Person's transportation to his current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering a Covered Injury and being treated at a local Hospital or other medical facility; or
3. both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

**Hospital Miscellaneous Expenses** means the Necessary Treatment expenses charged by a Hospital or Ambulatory Surgical Center for Outpatient surgery. The Miscellaneous Expenses include, but are not limited to, the expenses shown in the Schedule of Benefits and all necessary charges other than room and board, for services received during a Hospital stay.

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**Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of Sight** means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb** and Index Finger of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Usual and Customary** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

#### EXCLUSIONS

We will not pay benefits for accidental deaths or injuries suffered as a result of any of the following:

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Voluntary commission or attempt to commit a felony or an assault;
3. Commission of or active and voluntary participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. Release, whether or not Accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
8. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve

or National Guard active duty training is not excluded unless it extends beyond 31 days;

9. Travel outside the United States;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. A cardiovascular event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
12. Injuries compensable under Workers' Compensation law or any similar law;
13. Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
14. Aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician;
15. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
16. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor; In addition, benefits will not be paid for services or treatment rendered by any person who is:
  1. employed or retained by the Policyholder;
  2. a Resident of the Same Household;
  3. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
  4. the Insured Person

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