



1712 Magnavox Way  
 Fort Wayne, Indiana 46801  
 (800) 348-1839 Fax (260) 459-5118  
 www.kandkinsurance.com  
 CA# 0334819

**INDEPENDENT CLUB EVENT LIABILITY (ICEL)  
 RENEWAL APPLICATION**

Club Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Contact: \_\_\_\_\_

Web site: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Physical mailing address for supplies: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. State Club Chartered: \_\_\_\_\_

2. Club Membership Count: \_\_\_\_\_

3. Effective Date: \_\_\_\_\_

4. Liability Limits Desired:  \$1,000,000 CSL  \$2,000,000 CSL  \$3,000,000 CSL  \$4,000,000 CSL  \$5,000,000 CSL

5. Estimated number of competitive events to be conducted this year:

A. Number of gymkhanas, slaloms or autocrosses: \_\_\_\_\_

B. Number of rallies, poker runs, or car shows: \_\_\_\_\_

C. List any other club activities/events not mentioned above: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

**IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE WILL BE IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.**

\_\_\_\_\_  
 Signature Date

**Note: Individual events (autocrosses, rallies and similar events) are contingent upon advance reporting and prepayment if required of applicable individual event premium. (See rates and Event Order Form.)**

**Councils and associations** (List full name and membership count of each individual club to be insured through the council.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_