



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 (800) 348-1839 Fax (260) 459-5118
 www.kandkinsurance.com
 CA# 0334819

PERMANENT FACILITY EVENT ENROLLMENT FORM

**IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION,
ALONG WITH PREMIUM, ONE WEEK PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.**

1. Facility Name: _____
2. Type of Event: _____
3. Club, Association, or Promoter: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
4. Event Dates: _____
 Practice Dates: _____
 Qualifying Dates: _____
 Competition Dates: _____
5. Number of Vehicles: _____ Maximum number of vehicles on track at one time: _____
 Type of Vehicles: _____
 Number of Participants: _____
 Event open for public viewing? Yes No
 If yes, estimated public attendance: _____
6. **Coverages Requested:**
 Liability Limits: \$ _____
 Participant Accident: \$ _____
 Accidental Death & Dismemberment: \$ _____
 Medical: \$ _____ Primary Excess
 Weekly Indemnity: \$ _____ For a period of _____ weeks.
7. Premium Remitted: _____ Check No.: _____
8. Additional Insureds and Relationship: _____

9. Send Certificate to:
 Name: _____ Email: _____
 Address: _____
 Phone: _____ Fax: _____
10. Authorized Signature: _____
11. Special Requests: _____

RETURN TO: K&K INSURANCE GROUP, INC., P.O. BOX 2338 1712 MAGNAVOX WAY, FORT WAYNE, INDIANA 46801

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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)