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

RACE TEAM OWNER/SPONSOR QUARTERLY AUDIT

Team Name: _____

For the months of: _____ Policy #: _____

Please specify if the event is a race or a test session.

Event Date	Location (City & State)	# of Vehicles	Premium

TOTAL PREMIUM: _____

PAYMENT ENCLOSED: $_____

Reported by: _____ Dated: _____

This report indicates the dates and events that we are aware of for the months of _____. You should make any changes and/or corrections and return this form, **along with the applicable premium,** to be received in our office prior to the fifth (5th) of _____. Failure to comply may result in policy cancellation.

Make checks payable to: **K&K Insurance Group, Inc.**

Mail To: **K&K Insurance Group, Inc.**
P.O. Box 2338
Fort Wayne, IN 46801-2338
Attn: Motorsports/Sponsors Desk
(800) 348-1839
Fax: (260) 459-5118

Comments:

_____

_____

_____

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)