



1712 Magnavox Way P.O. Box 2338  
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 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)