



1712 Magnavox Way  
 P.O. Box 2338  
 Fort Wayne, Indiana 46801  
 (800) 348-1839 Fax (260) 459-5102  
 www.kandkinsurance.com  
 CA #0334819

# RACE TEAM OWNER/SPONSOR ANNUAL 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) 459-5102

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)