



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-348-1839 Fax 1-260-459-5118
 www.kandkinsurance.com
 CA# 0334819

FACILITIES MONTHLY AUDIT FORM

Track Name: _____

For the Month of: _____ Policy #: _____

Event Date(s)	Type of Event	Premium

Check Number: _____ Total Premium \$ _____

Payment amount enclosed \$ _____

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

Return this form, along with applicable premium, to be received in our office prior to the tenth (10th) day of the following month.
Failure to comply may result in policy cancellation.

Mail to: **K&K Insurance Group, Inc.
 Attn: Motorsports Division
 P.O. Box 2338
 Fort Wayne, IN 46801-2338**

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 _____

Applicant's Name (print) _____

Date (MM/DD/YY) _____