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 CA# 0334819

INDEPENDENT CLUB EVENT LIABILITY (ICEL) EVENT INSURANCE **FORM B**

IMPORTANT NOTICE: An **EVENT INSURANCE FORM B** must be submitted for each event, prior to the event, in order to validate insurance coverage. Failure to comply will result in **NO INSURANCE** coverage for your competitive event.

IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS ORDER TWO (2) WEEKS PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.

1. Name of Insured Club: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2. Event Date: _____

3. Event Location (name of site): _____
 Address: _____
 City: _____ State: _____ Zip: _____

4. Type of event: Class I Class II Class III Attendance: _____ Miles: _____
 Autocross Gymkhana Other: _____

5. Coverages Requested:
 Liability Limits **(must be the plan selected at the inception of your policy)**
 \$1,000,000 CSL \$2,000,000 CSL

Participant Accident Limits **(additional premium and approval required)**
 \$3,000 Accidental Death & Dismemberment; \$3,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.
 \$5,000 Accidental Death & Dismemberment; \$5,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.
 \$10,000 Accidental Death & Dismemberment; \$10,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.

6. Premium Remitted: _____ Check Number: _____

7. Additional Insureds and relationship (landowner/sponsor):
 a. _____
 b. _____
 c. _____

8. Certificate of Insurance required: Yes No

9. **Waiver and Release Requirement:** Each event participant **MUST** sign the K&K Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to K&K upon request only, and is a condition of Participant Legal Liability Coverage. A supply of these forms was mailed to the club insurance representative when the "ICEL" policy was issued. Should you require more forms, please check below and indicate the quantity needed for your remaining events this year.
 Please send _____ Waiver and Release Forms.

10. Name of person completing this order: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (_____) _____ Fax: (_____) _____

NOTE: Policy endorsement for this event and certificate, if requested, will be returned to the person completing this order.

EVENT LOCATION DIAGRAM WORKSHEET

CURRENT INSPECTION REQUIRED - (CURRENT MEANS AT LEAST EVERY TWO YEARS.)

VERY IMPORTANT: POLICIES/CERTIFICATES/BINDER **WILL NOT** be processed by Underwriter unless a DETAILED DIAGRAM and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

SHOW LOCATION AND IDENTIFY: Spectator viewing area, spectator parking areas, restricted areas, pit areas, competition course, barrier, fences, concessions, restrooms, fire extinguishers, ambulance, security personnel, distance between course and nearest crowd control fence and direction North.*

PICTURES MUST BE TAKEN: Between course and any area used by spectators and/or participants, parallel to course and barrier/fence. (Note direction taken and number photo)

USE SYMBOLS: (include the following symbols in your diagram below)

Ⓢ security

ⓧ fire extinguishers

Ⓐ ambulance

Ⓒ concessions

Ⓡ rest rooms

Ⓝ north Indicate the direction of NORTH on diagram

_____ - _____ - _____ barrier

_____ fence over 5'

----- fence under 5'

○ → photograph Indicate photograph number in circle and position arrow in the direction the photo was taken.

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)



INDEPENDENT CLUB EVENT LIABILITY (ICEL) INSURANCE COVERAGE

Important Information and Instructions

PLEASE NOTE:

- ORDER FORM B and your event premium check must be postmarked at least one day prior to the event to which this order pertains to have insurance in effect and valid. We cannot accept competitive event requests by phone.
- If your initial premium has a credit balance, send in your completed order form only. No premium remittance is due. Any premium due will be deducted from your deposit premium credit balance. If your initial premium has been depleted through competitive event premium charges, then submit a check with this order for the event premium.
- If your order form or premium payment is incomplete or in error, we will attempt to phone you to correct the error. Coverage is valid only if the order form is completed correctly and appropriate premium is remitted.
- If your club's premium payment check is not honored by your bank for any reason, the failure of premium payment will jeopardize your coverage for the event to which the check pertains. After one check has been returned by your bank for non-payment, all subsequent future insurance orders will be accepted only on a certified-check or money-order basis without exception.
- If you need a certificate of insurance, or your policy endorsement prior to the event, mail this application at least two weeks in advance to assure you receive the certificate in time. Faxes and telegrams confirming coverage cannot be guaranteed.