

IMPORTANT NOTICE: An Event Insurance Order 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: Triad Sports Car Club ***** SAMPLE FORM*****
Address: 1591 Peoples Creek Rd., Advance, NC 27006

2. Event date: February 26, 2006

3. Event location: (name of site) LJVM Coliseum
Address: Winston Salem, NC

4. Type of event:
 Autocross Gymkhana Rally Other: _____

5. Coverages Requested: Liability Limits (must be the plan selected at the inception of your policy)
 \$300,000 CSL \$500,000 CSL \$1,000,000 CSL
Participant Accident Limits (optional)
 \$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.
 \$1 0,000 Accidental Death & Dismemberment; \$1 0,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.

6. Premium remitted: Prepaid Check Number: _____

7. Additional Insureds and relationship (landowner/sponsor):
a. LJVM Coliseum and Coliseum employees associated with event.
b. IF WE HAVE A SPONSOR ADD THEM HERE AND ASSOCIATED SPONSOR EMPLOYEES
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, address and daytime phone number of person completing this order.
Name: Joe Worsley
Address: 1591 Peoples Creek Rd., Advance, NC 27006
Daytime Phone: (336) 998-6501 Fax: (336) 998-6501

NOTE: Policy endorsement for this event and certificate, if requested, will be returned to the person completing this order.
CZA-QQ A1100