SCCA INSURANCE PLAN REQUEST FORM

THIS APPLICATION MUST BE RECEIVED 14 DAYS BEFORE THE EVENT

1. SCCA SANCTION #:_____

2. EVENT DATE(S): _____

3. SANCTIONING REGION(S):_____

4. LOCATION/ADDRESS OF EVENT: _____

5. NAME OF EVENT: _____

6. TYPE OF EVENT (CHECK ALL THAT APPLY):

☐ SPECTATOR	☐ REGIONAL	☐ PDX	☐ HILLCLIMB
☐ NON-SPECTATOR	☐ NATIONAL	☐ CLUB TRIALS	☐ OTHER (SPECIFY):
☐ SANCTIONED TESTING	☐ DRIVER SCHOOL	☐ TRACK TRIALS	_____

7. TYPE OF COURSE:

☐ PERMANENT ☐ AIRPORT ☐ STREET ☐ OTHER (SPECIFY): _____

8. DEPOSIT:

MINIMUM P.A. RATE *OR*
OF CARS _____ X P.A. RATE _____ = _____

LIABILITY RATE + _____
(ENTER 0 IF ALTERNATE LIABILITY IS BEING USED)

$100 LATE FEE (IF RECEIVED LESS THAN 14 DAYS AHEAD) + _____

TOTAL DEPOSIT
*ABOVE CALCULATION OR FLAT FEE FROM RATE SHEET

A. PAYMENT TYPE: ☐CHECK ☐ CREDIT CARD (VISA, MASTERCARD ACCEPTED)
CC#: _____EXP:_____

NAME ON CARD: _____

9. ORGANIZATIONS NEEDING CERTIFICATES:
(**CHECK BOX IF YOU WANT RISK MANAGEMENT TO SEND DIRECTLY)**

NAME ADDRESS/EMAIL EVENT RELATIONSHIP

A. ☐ _____

EMAIL: _____

B. ☐ _____

EMAIL: _____

10. ORGANIZATIONS REQUESTING TO BE LISTED AS ADDITIONAL INSURED:

NAME ADDRESS/EMAIL EVENT RELATIONSHIP

A. ☐ _____

B. ☐ _____

11. NAME & ADDRESS TO WHOM CERTIFICATE & AUDIT FORM SHOULD BE SENT:

_____

_____

EMAIL: _____

PHONE: (H) ( )_____ (O) ( )_____ (FAX) ( )_____

12. NUMBER OF CERTIFICATES REQUESTED: _____

13. MAKE REGION CHECKS PAYABLE TO: SCCA

14. MAIL TO: SCCA , Inc.
RISK MANAGEMENT
P.O. BOX 1833
TOPEKA, KS 66601-1833

PHONE: 800-770-2055 x 343
FAX: 785-861-1743