

SCCA MASTER INSURANCE PLAN EVENT AUDIT FORM

IMPORTANT: AN AUDIT REPORT IS REQUIRED FOR ALL EVENTS

An event is considered completed upon receipt of the audit form and total fees due. Return within 14 days of the event or late fees may be added.

1. SCCA SANCTION NUMBER: _____ 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)	7. TYPE OF COURSE:
<input type="checkbox"/> SPECTATOR	<input type="checkbox"/> REGIONAL	<input type="checkbox"/> PERMANENT
<input type="checkbox"/> NON SPECTATOR	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> AIRPORT
<input type="checkbox"/> SANCTIONED TESTING	<input type="checkbox"/> DRIVER'S SCHOOL	<input type="checkbox"/> STREET
	<input type="checkbox"/> PDX	<input type="checkbox"/> OTHER (Specify):
	<input type="checkbox"/> CLUB TRIALS	
	<input type="checkbox"/> TRACK TRIALS	
	<input type="checkbox"/> HILLCLIMB	

8. ACTUAL NUMBER OF CARS PER EVENT: _____
(EVENT INCLUDES UP TO 3 DAYS OF PRACTICE AND COMPETITION)

9. CALCULATION OF PREMIUM DUE:

STEP 1

STEP 2

<p># OF CARS/ENTRIES _____ x P.A. RATE _____ = _____</p> <p>LIABILITY RATE _____ + _____</p> <p>TOTAL EVENT PREMIUM* _____</p> <p><small>*(FROM ABOVE CALCULATION OR ENTER PER EVENT RATE IF APPLICABLE).</small></p>	<p>TOTAL EVENT PREMIUM _____ <small>(FROM STEP 1)</small></p> <p>LATE FEE (\$250) _____ <small>(IF NOT REC'D WITHIN 14 DAYS OF EVENT)</small></p> <p>DEPOSIT PAID _____</p> <p>ADDITIONAL DUE/REFUND _____</p> <p><small>*Events not meeting minimum insurance rate requirements will not be eligible for refunds*</small></p>
---	--

10. PAYMENT TYPE: CHECK (PAYABLE TO: SCCA, INC.) CREDIT CARD (VISA/MC/DISC): _____ EXP: _____

NAME ON CARD: _____

11. MAIL REFUND CHECK TO:

12. AUDIT COMPLETED BY:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

14. MAIL TO:

SCCA , Inc.
RISK MANAGEMENT DEPARTMENT
P.O. BOX 1833
TOPEKA, KS 66601-1833

PHONE: 800-770-2055 x343
FAX: 785-861-1743