

# 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, DISCOVER ACCEPTED)  
CC#: \_\_\_\_\_ EXP: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_

9. ORGANIZATIONS NEEDING CERTIFICATES:  
(CHECK BOX IF YOU WANT RISK MANAGEMENT TO SEND DIRECTLY)
- |    | <u>NAME</u>              | <u>ADDRESS/EMAIL</u> | <u>EVENT RELATIONSHIP</u> |
|----|--------------------------|----------------------|---------------------------|
| A. | <input type="checkbox"/> | _____                | _____                     |
|    | EMAIL:                   | _____                |                           |
| B. | <input type="checkbox"/> | _____                | _____                     |
|    | EMAIL:                   | _____                |                           |

10. ORGANIZATIONS REQUESTING TO BE LISTED AS ADDITIONAL INSURED:
- |    | <u>NAME</u>              | <u>ADDRESS/EMAIL</u> | <u>EVENT RELATIONSHIP</u> |
|----|--------------------------|----------------------|---------------------------|
| A. | <input type="checkbox"/> | _____                | _____                     |
| B. | <input type="checkbox"/> | _____                | _____                     |

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                      PHONE: 800-770-2055 x 343  
P.O. BOX 1833                                      FAX: 785-861-1743  
TOPEKA, KS 66601-1833