

1712 Magnavox Way P.O. Box 2338 Fort Wayne, Indiana 46801 (800) 348-1839 Fax (260) 459-5118 www.kandkinsurance.com CA #0334819

RACE TEAM OWNER/SPONSOR QUARTERLY AUDIT

Team Name:					
For the months of:		Po	Policy #:		
	Please specify if the e	vent is a race or	a test session.		
Event Date	Location (City & State)		of Vehicles	Premium	
				-	
	_				
			TOTAL PREMIUM:		
			PAYMENT ENCLOSED:	\$	
Reported by:			Dated:		
You should make any chan	dates and events that we are aware of for ges and/or corrections and return this form, a	along with the applica		-	
Make checks payable to: K&K Insurance Group, Inc.		Mail To:	P.O. Box 2338 Fort Wayne, IN 46 Attn: Motorsports (800) 348-1839	K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, IN 46801-2338 Attn: Motorsports/Sponsors Desk (800) 348-1839 Fax: (260) 459-5118	
Comments:			- Tax. (200) 100 0		
I hereby warrant, represen	t and confirm that, to the best of my knowle	dge, all information pro	ovided is complete, true and	correct.	
Applicant's Signature		Producer's	Producer's Signature (if applicable)		
Applicant's Name (print)		Producer's	Producer's Name (print)		
Date (MM/DD/YY		Date (MM/	Date (MM/DD/YY)		