



1712 Magnavox Way
P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 348-1839 Fax (260) 459-5102
www.kandkinsurance.com
CA #0334819

**RACE TEAM
OWNER/SPONSOR
ANNUAL AUDIT**

Team Name: _____

For the months of: _____ Policy #: _____

Please specify if the event is a race or a test session.

Event Date	Location (City & State)	# of Vehicles	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL PREMIUM: _____
PAYMENT ENCLOSED: \$ _____

Reported by: _____ Dated: _____

This report indicates the dates and events that we are aware of for the months of _____. You should make any changes and/or corrections and return this form, **along with the applicable premium**, to be received in our office prior to the fifth (5th) of _____. Failure to comply may result in policy cancellation.

Make checks payable to: **K&K Insurance Group, Inc.** Mail To: **K&K Insurance Group, Inc.**
P.O. Box 2338
Fort Wayne, IN 46801-2338
Attn: Motorsports/Sponsors Desk
(800) 348-1839
Fax: (260) 459-5102

Comments:

I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)