



National Council of Corvette Clubs, Inc.
2010
INSURANCE VERIFICATION &
OPTIONAL COVERAGE ORDER FORM



TYPE OF EVENT _____ SANCTION NO.: _____ DATE(S): _____

SPONSORING CLUB'S NAME: _____ NCCC CLUB NO.: _____

MAILING ADDRESS: _____

NAME AND EXACT EVENT PREMISES LOCATION: _____

CERTIFICATE NEEDED? YES NO

Please allow two (2) weeks for processing and mailing.

A. REQUEST FOR INSURANCE VERIFICATION

ADDITIONAL INSURED AND RELATIONSHIPS

OPTIONAL COVERAGES AVAILABLE

B. REQUEST FOR ADDITIONAL LIABILITY ITEMS

(Over NCCC's Base \$1,000,000 Master Policy)

COVERAGE TOTAL LIABILITY LIMITS	EVENTS	
	HIGH SPEED OR DRAGS	ALL OTHERS
\$2 MILLION	<input type="checkbox"/> \$355.00	<input type="checkbox"/> \$150.00
\$3 MILLION	<input type="checkbox"/> \$385.00	<input type="checkbox"/> \$162.00
\$4 MILLION	<input type="checkbox"/> \$402.00	<input type="checkbox"/> \$170.00
\$5 MILLION	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$175.00

PREMIUM COMPUTATION

COVERAGE **PREMIUM**

OPTIONAL ADDITIONAL LIABILITY \$ _____

CHECK # _____ ENCLOSED

C. PARTICIPANT ACCIDENT MEDICAL COVERAGE

(covers all drivers, navigators, mechanics, officials and casual workers)

COVERAGE

ACCIDENTAL DEATH & DISMEMBERMENT
 EXCESS MEDICAL
 WEEKLY INDEMNITY

LIMITS

\$10,000
 \$15,000
 \$50 X 52 WK

**PREMIUM
 INCLUDED**

EVENTS

HIGH SPEED TT, DRAGS AND ALL OTHER EVENTS

IMPORTANT: FOR OPTIONAL COVERAGES this completed form must be accompanied by the correct remittance and mailed to K&K Insurance Group, Inc., P.O. Box 2338, Fort Wayne, IN 46801 in an envelope cancelled by U.S. Post Office postmark a minimum of one day prior to the event or activity day to be insured.

ADDITIONAL INFORMATION: _____

EVENT CHAIRMAN: _____ DATE: _____ DAY PH. #: (_____) _____

I understand that the insurance company in determining whether to provide insurance coverage will rely on the information contained in the application and all other information being submitted. 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)