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EVENT INSURANCE ORDER FORM B
 K&K INSURANCE "ICEL" PLAN
 EVENT LIABILITY INSURANCE

IMPORTANT NOTICE: An Event Insurance Order Form B must be submitted for each event, prior to the event, in order to validate insurance coverage. Failure to comply will result in NO INSURANCE coverage for your competitive event.

IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS ORDER TWO (2) WEEKS PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.

1. Name of Insured Club: _____
 Address: _____
2. Event date: _____
3. Event location: (name of site) _____
 Address: _____
4. Type of event:
 Autocross Gymkhana Rally Other: _____
5. Coverages Requested: Liability Limits (must be the plan selected at the inception of your policy)
 \$300,000 CSL \$500,000 CSL \$1,000,000 CSL
 Participant Accident Limits (optional)
 \$3,000 Accidental Death & Dismemberment; \$3,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.
 \$5,000 Accidental Death & Dismemberment; \$5,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.
 \$10,000 Accidental Death & Dismemberment; \$10,000 Excess Medical Expense Benefit; \$25 for 26 weeks Weekly Indemnity Benefit.
6. Premium remitted: _____ Check Number: _____
7. Additional Insureds and relationship (landowner/sponsor):
 a. _____
 b. _____
 c. _____
8. Certificate of Insurance required: Yes No
9. Waiver and Release Requirement: Each event participant MUST sign the K&K Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to K&K upon request only, and is a condition of Participant Legal Liability Coverage. A supply of these forms was mailed to the club insurance representative when the "ICEL" policy was issued. Should you require more forms, please check below and indicate the quantity needed for your remaining events this year.
 Please send _____ Waiver and Release Forms.
10. Name, address and daytime phone number of person completing this order.
 Name: _____
 Address: _____
 Daytime Phone: (_____) _____ Fax: (_____) _____

NOTE: Policy endorsement for this event and certificate, if requested, will be returned to the person completing this order.

IMPORTANT INFORMATION AND INSTRUCTIONS

1. This form with event premium check must be postmarked at least one day prior to the event to which this order pertains, to have insurance in effect and valid.
 - A. Regarding individual event premium remittances, if your initial deposit premium has a credit balance, send in your completed order form only. No premium remittance is due. Any premium due will be deducted from your deposit premium credit balance. If your initial deposit premium has been depleted through individual event premium charges and deduction, then you must submit a check with this order for the event premium.
2. Coverage can only be affected and validated by evidence of postmark being at least one day before the event date. Phone calls to order event insurance are not acceptable.
3. If your order form or premium payment is incomplete or in error, K&K will attempt to phone you, collect only, to correct the error. Coverage is valid only if the order form is complete and correct and correct premium is remitted. K&K is not responsible or liable in the event of error.
4. If your club's premium payment check is not honored by your bank for any reason, the failure of premium payment will jeopardize your coverage for the event to which the check pertains. After one check has been returned by your bank for non-payment, all subsequent future insurance orders will be accepted only on a certified check or money order basis – no exceptions may be granted.
5. If you need a Certificate of Insurance, and/or your policy endorsement prior to the event, you should mail your order at least two weeks in advance to assure receipt of the certificate in time.

Facsimile transmissions and telegrams confirming coverage cannot be guaranteed and will only be sent at your expense.

Arkansas, Florida, Kentucky, New Jersey,
New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.