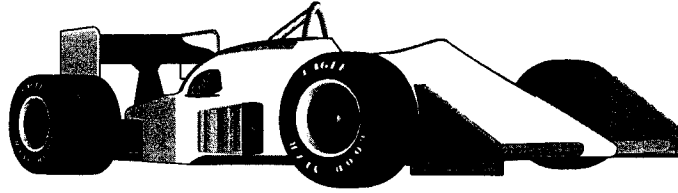


K&K[®] INSURANCE

Group, Inc.
An affiliate of SLE Worldwide, Inc.

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 348-1839
Fax (219) 459-5118



EVENT INSURANCE ORDER FORM

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

1. Facility Name: _____
2. Type of Event: _____
3. Club, Association of Promoter: _____
Address: _____

Phone: _____
4. Event Dates: _____
Practice Dates: _____
Qualifying Dates: _____
Competition Dates: _____
5. Coverages Requested: Liability Limits: _____
Participant Accident: Accidental Death & Dismemberment: _____
Medical: _____ Primary: _____ Excess: _____
Weekly Indemnity: _____
6. Premium Remitted: _____ Check No.: _____
7. Additional Insureds and Relationship: _____

8. Send Certificate To: _____
Name: _____
Address: _____

9. Authorized Signature: _____
10. Special Requests: _____

RETURN TO: K&K INSURANCE GROUP, INC.
P.O. BOX 2338 1712 MAGNAVOX WAY
FORT WAYNE, INDIANA 46801
(800) 348-1839 (219) 459-5000 FAX (219) 459-5118