



PORSCHE CLUB OF AMERICA, INC. EVENT INSURANCE ENROLLMENT

Please complete all information. Check all appropriate boxes. Type or print legibly.
An Event Insurance Form must be submitted for every moving car event.

1. Name of Insured Region: _____
2. Address: _____
3. Date (s) of event: _____ 4. Length of Event: 1 day 2 days 3 days
5. Type of Event: Autocross Concours Gymkhana Rally Other:
(Check all that apply) Club Race Drivers Education Time Trials Tour Car Control Clinic
6. Location: _____
7. Address: _____
8. Number of Participants _____ 9. Total Event Premium (check enclosed): \$ _____
10. Certificate of Insurance (required for all events): Date needed by: _____
11. Additional Insured(s) required for this event: (These will be listed on Certificate of Insurance, if requested)
If so, send to: _____
E-mail: *(preferred) _____ Fax #: _____

NAME OF ADDITIONAL INSURED: _____	RELATIONSHIP TO INSURED
_____	(ex. Landowner/Sponsor, describe)
_____	_____
_____	_____
_____	_____

12. **Waiver and Release requirement:** Each event participant *must* sign the PCA Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to upon request only, and is a condition of General Liability coverage. A supply of these forms were mailed to the club representative when the policy was issued. Should you require more forms, please contact PCA for forms.

13. Name of person completing this order*: _____
 Address: _____
 Daytime phone: _____ Fax: _____
 E-mail address: _____
 Signature: _____ Date: _____

***NOTE:** IF REQUESTED, certificate of insurance and waiver forms will be returned to this person

14. Special Instructions:

Page 2 of the Event Insurance Enrollment Form

Important Information and Instructions

1. You must have a Certificate of Insurance in hand before the start of a moving car event. General membership dues will fund liability insurance for many events. Driver's Education and Club Racing have the most significant premiums and therefore will be charged per event.
2. This form with event premium check (if needed) should be submitted at least three (3) weeks in advance of event for you to have time to receive your Certificate of Insurance. The Certificate will be sent via e-mail to each person indicated on form - please include track or event e-mails to send to them as well.
3. Coverage cannot be placed in effect by phone.
4. If your enrollment form or premium payment is incomplete or inadequate, we will attempt to phone you to obtain the correct information or payment. Please be sure the enrollment form has your contact name and phone number.
5. If your Region's premium payment check is not honored by your bank for any reason, this will be considered non-payment of the event premium and will jeopardize coverage for your event. After one returned check, any future payments must be made by certified funds - no exceptions.
6. If the event is cancelled, please notify the PCA National Office within 24 hours. If you notify the PCA National Office prior to the scheduled day of the event your insurance premium will be refunded.
7. Questions regarding Insurance Coverage should be directed to Ken Laborde, PCA Insurance/Risk Management Chair at (504) 561-0400.
8. If your insurance certificate has not been issued five (5) days prior to your event, please call the Executive Director at the PCA National Office immediately (phone number below).
9. Please make your check payable to Porsche Club of America, Inc. and submit premium to:

Porsche Club of America, Inc.
P.O. Box 1347
Springfield, VA 22151
Ph: (703) 321-2111; Fax: (703) 321-2110
E-mail: admin@pca.org

Drivers Education & Time Trial Events	Club Racing Events*			
	<u>Costs</u>		<u>2 Days</u>	<u>3 Days</u>
Fewer than 50 participants	\$300	Fewer than 75 cars	\$2,500	\$3,500
51 - 99 participants	\$450	76-125 cars	\$3,500	\$4,500
100 or more participants	\$600	126-175 cars	\$4,500	\$5,500
		176 or more cars	\$5,500	\$6,500
			*\$1,000 per additional day(s)	

For Office Use Only:

Date Received: _____ Date Certificate Issued: _____ Check Amount: _____