



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 #: _____

<u>NAME OF ADDITIONAL INSURED:</u>	<u>RELATIONSHIP TO INSURED</u> (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: _____

14. Special Instructions: _____

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 6400
Columbia, MD 21045
Ph: (410) 381-0911; Fax: (410) 381-0924
E-mail: insurance@pca.org

Drivers Education Events		Club Racing Events		
	Costs		2 Days	3 Days
Fewer than 50 participants	\$300	Fewer than 90 cars	\$3,000	\$4,200
51 – 99 participants	\$450	91-130 Cars	\$3,500	\$4,700
100 or more participants	\$600	131 or more cars	\$4,000	\$5,200

For Office Use Only:
Date Received: _____ Date Certificate Issued: _____ Check Amount: _____