



Certificate of Insurance Request Form

Club Name & Number requesting certificate: _____

Club Contact person for this event: _____

Mailing Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Type of Event: Concours Rally
 Slalom Other Please Specify: _____

Approximate number of members that will attend _____ Date of Event _____

Will you be signing a lease of premises or contract? Yes No
(A copy of the contract must accompany this request)

Location of Event Name: _____

Address: _____

City, State, Zip: _____

Owner of the premises where the event will be held: _____

Certificate to be mailed or Emailed Name: _____

to: Address: _____

City, State, Zip: _____

Email Address: _____

Special Instructions: _____

Club Instructions: _____

Fill all requested information and Email or fax **one copy to each:**

Lockton Motorsports - Kyle Kovich
Email: kkovich@locktonaffinity.com

&

Jaguar Clubs of North America
Email: Business_Insurance@JCNA.com

For additional information contact:

Office: 913 652 7667
Fax: 913-652-7599
Email: kkovich@locktonaffinity.com