



## 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 Name: \_\_\_\_\_

mailed or Emailed Address: \_\_\_\_\_

to: \_\_\_\_\_

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](mailto:kkovich@locktonaffinity.com)

&

Jaguar Clubs of North America  
Email: [Business\\_Insurance@JCNA.com](mailto:Business_Insurance@JCNA.com)

For additional information contact:

Office: [913 652 7667](tel:9136527667)  
Fax: [913-652-7599](tel:9136527599)  
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