



**Application for Event Insurance**  
**April 1, 2007 to March 31, 2008**

**ASN Canada FIA**  
 2155 Leanne Boulevard, Suite 115  
 Mississauga, Ontario, L5K 2K8  
 Phone: (905) 403-9000  
 Fax: (905) 403-8448  
 Email: asncanada@rogers.com  
 Website: www.asncanada.com

**Print clearly in block letters. Illegible writing will delay processing.**

This application and the total payment due, **payable to ASN Canada FIA**, must be received at the ASN office 14 days before the event.  
***Late applications may be subject to late filing penalty***

**Type of Insurance Being Applied For (please check applicable box below):**

Car Racing Event  Rally Event  Solo Event  Karting Event

Date of Application: \_\_\_\_\_ Territory or Region: \_\_\_\_\_  
 Organizing Club: \_\_\_\_\_ Territory/Region Permit #: \_\_\_\_\_  
 Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Fax number where Certificate of Insurance is to be sent: Fax: (     ) \_\_\_\_\_  
 Name Of Event: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
 \* Event Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_  
 \* Type Of Event (from Rate Sheet): \_\_\_\_\_  
 Name Of Competition Facility: \_\_\_\_\_  
 \* Location Of Competition Facility: \_\_\_\_\_  
 Name(s) of Additional Insured: \_\_\_\_\_  
 Attach separate list if necessary \_\_\_\_\_  
 \_\_\_\_\_

\* NOTE: Clubs applying for Annual Certificates must attach a separate schedule showing details of each event being covered.

Rate Code (from Insurance Rate Sheet): \_\_\_\_\_

Amount: (from Insurance Rate Sheet): \$ \_\_\_\_\_

Late Fees if received at ASN less than 14 days before the event, add \$25.00: \_\_\_\_\_

**TOTAL PAYMENT DUE (Payable to ASN Canada FIA): \$ \_\_\_\_\_**

Signature of Authorized Applicant: \_\_\_\_\_

Print Name of Authorized Applicant Clearly: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

ASN OFFICE USE	Affiliation Verified:	<input type="checkbox"/>	Date Received:	
	Rate Code Checked:	<input type="checkbox"/>	Date Requested:	
	Payment Received:	<input type="checkbox"/>	Date Issued:	
	Permit #:		Certificate #:	