Event Insurance Application

Canadian Automobile Sport Clubs-OR
1110 Finch Ave, West, Suite 222
North York, Ontario,M3J 2T2
Telephone: (416) 667-9500
Fax: (416) 667-9555
E-mail: office@casc.on.ca

This application and the total payment due, payable to Canadian Automobile Sport Clubs-OR, must be received at theCASC-OR office 14
Late applications are subject to late filing penalty

Date of Application: _____ **Permit #:** _____

Organizing Club: _____ **Acronym:** _____

Club Contact: **Name:** _____ **Telephone:** _____

Email: _____

Name of Event _____

Type of Event _____

Event Date **From:** _____ **To:** _____ **Number of Days:** _____

Set Up Day (if different from Event Date) _____ **Tear Down Day** _____

Name of Competition Facility: _____

Location of Competition Facility: _____

Name(s) of Additional Insured: _____

(Please include a copy of the signed contract specifying the request of Additional Insured) _____

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

Rate Code: _____

Amount: _____

Late Fees (if received at CASC-OR less than 14 days before the event)**add $50.00:** _____

PAYMENT DUE (Payable to Canadian Automobile Sport Clubs-OR): _____

Payment Made By: E-transfer Cheque by mail/courier

Signature of Authorized Applicant: _____

Printed Name of Authorized Applicant: _____

Position of Applicant: _____

CASC-OR OFFICE USE				
	Affiliation Verified:		Date Received	
	Rate Code Checked		Date Sent to Insurer	
	Payment Received:		Date Issued to Club	
	Invoice #:		Certificate #	
	Confirmation of Permit:			