



**CERTIFICATION TO REPORT RACE CANCELLATION
PHONE CALLS NOT ACCEPTABLE**

(All applicable questions must be answered and form must be signed by
named agent as appears on face of policy.)

TRACK NAME _____

NAME OF CLUB OR ASSOC. _____
(if applicable)

CAUSE OF CANCELLATION (check one)

Rained Out _____ Other _____
(explain) _____

Race Date Cancelled _____
(Month / Day / Year Time)

Event Type _____

Did any vehicles practice or run? Yes _____ No _____

Will Rain checks be honored for rain date or next event? Yes _____ No _____

Please credit my check to rain date or next scheduled event which will be:

Event Type _____ on _____ Month / Day / Year

This is a partial rain out (cancellation) and I will forward the percentage of premium I
owe, \$ _____.

In the event a Covered Racing Program as advised above is completely cancelled for any reason and no
race vehicles have been on the track, 100% of the premium paid for said program will be credited. If a
Covered Racing Program is cancelled for any reason, including adverse weather conditions, after any
cars have been on the track for any reason including practice laps, warm-up laps, hot laps or time trials,
25% of the premium for said program shall be retained by the Company. In the event more than one-half
of the events have been run before a program as advised above is called off, or, if the spectators' "rain
checks" are not honored on another race date, 100% of the premium shall be retained by the Company.

This report must be mailed no later than 2 days (48 hours) after the date of the event
being cancelled or "rained out".

Date

Signed

ALLIED SPECIALTY INSURANCE, INC.

10451 Gulf Boulevard, Treasure Island, Florida 33706 ? 727 367-6900 ? 1 800 237-3355 ? FAX 727 367-1407