

SCCA SOLO II

Sanction Application/Master Insurance Plan Request

Sanction # _____

This form must be received **45** days prior to the event in order to appear in *SportsCar*.
For sanctioning purposes, it must be received **14** days prior to the event or a late fee may apply.

1. **Region** _____ 2. **Event Date(s)** _____
3. **Location/Address of Event** _____

4. Type of Solo II Event:		
<input type="checkbox"/> Non-Spectator Solo II	<input type="checkbox"/> Spectator Solo II *	<input type="checkbox"/> Ride n' Drive Solo II **
<input type="checkbox"/> Non-Spectator Solo II (Advertised) +	<input type="checkbox"/> Street Solo II *	<input type="checkbox"/> Divisional Solo II ***
<input type="checkbox"/> Kart Solo II +*	<input type="checkbox"/> Race Track Solo II *	<input type="checkbox"/> Other _____
<input type="checkbox"/> Jr. Driver Program+*		

No Deposit is needed for Solo II events. Submit audit form upon completion of the event.

- + Sanction application and sample advertisement must be received by the National Office 21 days prior to the event (see Section 2.7 of the Solo II Rules).
- +* Application for these types of events follow the same format as required for Non-Spectator Solo II events. See Appendix H of the Solo II Rules.
- * Application for these types of events must also include a copy of written approval from the Solo Safety Committee for Street Solo II events and all Spectator Solo II events, or from the *current* Divisional Solo Safety Steward for Race Track Solo II events.
- ** Safety Steward must be approved by, and report to, the Rally/Solo Department. Contact Corporate Services for proper procedures.
- *** Requires signature of the Divisional Solo II Steward (see reverse side).

5. **Send original Insurance Certificate and Audit Form to:** _____

Address _____

Phone (W) _____ (H) _____ (FAX) _____ Email _____

6. **Number of Certificates required by #5** _____.

7. **Other organizations needing Insurance Certificates:**

	Name	Address	Event Relation
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

8. **Please list any Additional Insureds you would like listed on the Insurance Certificate:**

	Name	Address	Event Relation
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Note: Please check box(es) if you want Risk Management to send Certificates directly to the address listed above.

Please complete reverse side

9. **EVENT OFFICIALS (Must be SCCA Members)**

Event Chair/Organizer _____ Member # _____
Address _____
Phone (H) _____ (W) _____ FAX _____
Email _____

*Please check the box next to the phone number which should appear as the contact number in *SportsCar*.

Solo Safety Steward (must be current) _____ Member # _____

***Please note:** *A second licensed Safety Steward must be present if the above listed Safety Steward will be competing in the event.*

10. **EVENT SITE INFORMATION**

Type of facility (airport, shopping center, etc.) _____
Approximate size of course area _____
Course area surface (concrete, asphalt, dirt, etc.) _____

11. In requesting SCCA Solo II Sanction, the organizing region certifies that this event will be organized and conducted in accordance with the mandatory portions of the Solo II Rules, and all applicable SCCA policies including, but not limited to the following:

The Solo II Audit Form must be completed and returned to the SCCA RoadRally/Solo Department along with the appropriate sanction fee and insurance fee no later than 45 days after the event. Sanction fee is \$2.00 per car; Insurance fee is \$3.00 per car (Minimum: 20 cars / \$60 - Maximum: 175 cars / \$525. Add \$25 for late audits. For audits not paid within 90 days of the event, the Region will be invoiced for a determined fee. The fee will be determined by adding the number of cars competing in your Region in 2002, dividing the total number of events for the year, and then adding an additional 50% to that amount.

***The above sanction fees do not apply to Divisional Solo II events.**

Event Organizer/Chair Signature _____
Date

12. Signature of Regional Executive (R.E.) **required** unless SCCA has received written permission from the R.E. giving authority to an organizer/chairperson to request sanctions.

Regional Executive (or Designee) Signature _____
Date

13. **For Divisional Solo II Events:**

Divisional Solo II Steward Signature _____
Date

14. Please note any supplies (i.e. release forms, course design packet) that are needed for this event.

Mail to: SCCA Solo and RoadRally Department
P.O. Box 19400
Topeka, KS 66619-0400
785-232-7656 * 1-800-770-2055 * Fax: 785-232-7215

**STEP BY STEP INSTRUCTIONS FOR COMPLETING THE
SANCTIONING/INSURANCE REQUEST FORM FOR
SOLO II EVENTS**

- Item 1 The region applying for the sanction.
- Item 2 List only the dates that cars will actually practice and/or compete. (You do not need to add set-up dates because they are automatically covered within 14 days of the event).
- Item 3 Provide the name of the track, facility, or location of the event (i.e., New Hampshire Speedway, NH; Opryland USA, Nashville, TN; Streets of Durango, Durango, CO).
- Item 4 Check what type of event you are requesting insurance for.
- Item 5 Put the name and address of the person who wishes to have the original certificate and copies. The audit form will be sent with the certificates. Office phone number, home phone number and fax phone number are needed to get in touch with you if there is a problem. We will fax a copy of the certificate to the fax number given if We have less than 7 days until the event. **NO EVENT CAN BE CONDUCTED WITHOUT AN INSURANCE CERTIFICATE**. Call the Risk Management emergency phone number outside of office hours if certificate can't be located at the time of the event.
- Item 6 Put the number of certificates you need to have including copies for the certificate holders. We will mail these to the person and address shown in Item 5.
- Item 7 Organizations who need a copy of the certificate (i.e., "Certificate Holders") being issued. List their address and be sure to tell us what their role at the event will be and you want a certificate sent directly to them.
- Item 8 List any Additional Insureds you would like listed on the Insurance Certificate.
- Item 9 List the name of the Event Chairman (include address and phone number) and the Solo Safety Steward. Per Solo II Rules: **A LICENSED SOLO SAFETY STEWARD MUST BE IN ATTENDANCE AT THE EVENT.**
- Item 10
- a. Type of Facility (airport, shopping mall, etc.)
 - b. The approximate size of the lot.
 - c. The type of course area surface (concrete, asphalt, etc.)
- Item 11 The Chairman or Organizer's signature is required in order to verify that you agree to abide by the rules and guidelines listed in Item 12.A and B and the date.
- Item 12 The signature of the Regional Executive (or designate) and date is required.
- Item 13 The Divisional Solo II Steward Signature is required for Divisional Solo II events.
- Item 14 List any supplies you wish sent with the insurance certificates (i.e. request forms, audit forms, waivers, etc).