

TRI-COUNTY RACING CLUB INC.

Liability Insurance Verification Form for Motorized Push Vehicles

Please Print Clearly. All Information Must be Completed.

Owner Information

Complete Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Vehicle Information

Year: _____

Make: _____

Description: _____

VIN Number: _____

Insurance Information

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Policy Number: _____

Policy Effective Date: _____

Policy Expiration Date: _____

I, the owner verify that I have purchased Liability Insurance for said vehicle. I am fully aware that I shall be responsible to notify **T.C.R.C.** of any change to the above policy. I hereby certify that all of the information herein is true and complete.

Owner Signature: _____ Date: _____