



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T. HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

RACETRACK LICENSE INSURANCE VERIFICATION

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334
(404) 656-2056
www.oci.ga.gov

THIS FORM IS TO BE FILLED OUT AND SIGNED BY THE INSURANCE COMPANY

This is to certify that there is in effect on the effective date of this certificate a public liability insurance policy as defined in O.C.G.A. 43-25-4, issued by this company to:

INSURED: _____

ADDRESS OF INSURED: _____

NAME OF TRACK: _____

POLICY NO.: _____ EFFECTIVE _____ TO _____

EFFECTIVE DATE OF THIS CERTIFICATE: _____

If Surplus Lines Broker: _____ Ga. Insurance Surplus Lines License# _____

The insurance hereby certified is for a minimum liability of \$1 million per accident and \$100,000 per person/ per accident.

It is understood by this company that his policy may not be cancelled, for any reason, unless and until the Safety Fire Division has received notice by certified or registered letter that the said policy is going to be cancelled effective on a date at least fourteen (14) days from date such notice is received by the State Fire Marshal. (O.C.G.A. 43-25-5)

NAME OF INSURANCE COMPANY: _____

ADDRESS OF COMPANY: _____

DATE: _____ SIGNED: _____ (SEAL)
(Authorized Agent's Signature)