

MONTHLY INSURANCE STATEMENT SUMMARY

Non-Road Race Activities

Permits issued by Local Centre

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Within 30 days of the end of the calendar mo insurance payment.	onth, this form must be sent to ACU He	ad Office, at th	e above addres	ss with the
DECLARATION FOR THE MONTH OF:			Yea	r :
Number of signed-on Officials and Assistants:				
	Riders aged 16 years and over:	@	£	£
		@	£	£
		@	£	£
		@	£	£
	Passengers aged 16 years and over:	@	£	£
		@	£	£
	Riders aged under 16 years:	@	£	£
		@	£	£
		@	£	£
	Trials Riders Assistants (see notes):	@	£	£
Youth MX events only:	BYMX Competition Licence holders:	@	£	£
	Others:	@	£	£
			SUB TOTAL:	£
		LESS 3	% EXPENSES:	£
Foreign riders and passengers participating in Tri evidence of FIM Cover:	ials only without Start Permission or		& EXPENSES: £ 20.00	
Foreign riders and passengers participating in Tri evidence of FIM Cover:	ials only without Start Permission or			
Foreign riders and passengers participating in Tri evidence of FIM Cover:	ials only without Start Permission or			
evidence of FIM Cover: Foreign riders and passengers with Start Permiss	sion and evidence of FIM cover:	@	£ 20.00	
evidence of FIM Cover:	sion and evidence of FIM cover: FMN (including MCUI) pay normal per capita ra	@	£ 20.00	£
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