

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 month, this form must be sent to ACU Head Office, at the above address with the insurance payment.

DECLARATION FOR THE MONTH OF:	LARATION FOR THE MONTH OF: Year:					
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 Assistan	ts (see notes):	@	£	£	
Youth MX events only:	BYMX Competition Li	cence holders:	@	£	£	
	Others:		@	£	£	
				SUB TOTAL	: £	
			LESS 39	% EXPENSES	£	
Foreign riders and passengers with Start Permission and evidence of FIM cover:						
		тот	AL INSURANO	CE PAYMENT	: £	
CLAIMS CONTINGENCY & LEGAL EXPENSES FUND						
Total number of adult and youth riders and passengers: @ 50p £						
SUB TOTAL: £						
TRIALS LEVY total number of riders and passengers@ £2.00: £						
TOTAL DUE TO ACU LTD: £ Declarations enclosed (list permit numbers below):						
Designations encoded (not permit numbers see						
Cancelled Permits during this month (list permit numbers below):						
Same as a series a						
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