

INDIANA EXTENSION HOMEMAKERS ASSOCIATION

INSURANCE ELECTION FORM 8/1/2011 – 7/31/2012

County/District Name: _____

Officer to whom proof of coverage should be sent:

Name _____

Address: _____

Daytime Phone: _____

E-mail Address: _____

LIABILITY INSURANCE

Total # of members in county _____

Times cost per member X ___1.15___

Total cost (multiply # of members by _1.15_) \$ _____

TREASURER DISHONESTY/FIDELITY BOND

Total cost \$25 to insure the present IEHA County treasurer holding office \$ _____

Total cost \$25 to insure the present IEHA District treasurer holding office \$ _____

Total Cost for the 8/1/11-7/31/12 year. (Add Liability & Bond Cost) \$ _____

Make check payable to IEHA

MUST BE POSTMARKED NO LATER THAN JUNE 15, 2011

Send original form and payment to:

Margaret Menges
1561 County Road 00
Corunna, IN 46730

Send copy of form to:

Lytta G. Turner, CPCU, CPIW, AIS, AAI
MBAH Insurance
P. O. Box 5609, Lafayette, IN 47903
lturner@mbah.com
FAX (765) 742-7486

Insurance provided by MBAH and Cincinnati Insurance Company