

**INDIANA EXTENSION
HOMEMAKERS ASSOCIATION
INSURANCE ELECTION FORM
8/1/2018 – 7/31/2019**

Choose One:

_____ Local Club Name _____
_____ County Name _____
_____ District Name _____

LIABILITY INSURANCE
(To be completed only by counties)

Total number of members in county	_____
Times cost per member	X <u> \$1.20 </u>
Total cost (multiply # of members by \$1.20)	\$ _____
Food event coverage (mandatory)	\$ <u> +11.00 </u>
Total liability insurance coverage	\$ _____

TREASURER DISHONESTY/FIDELITY BOND

Choose One:

_____ Local Club Treasurer – Cost: \$50 (If you have Co-Treasurers, \$50 each)
_____ County Treasurer – Cost \$50: (If you have Co-Treasurers, \$50 each)
_____ District Treasurer – Cost \$50:

Total Cost for the 8/1/18-7/31/19 year. (Add Liability & Bond Cost) \$ _____

Make check payable to IEHA

MUST BE POSTMARKED NO LATER THAN JUNE 15, 2018
(Coverage elected after 8/1/2018 will not be accepted)

Send original form and payment to:
Janet Gogel
3757 So. 75 E.
Huntingburg, IN. 47542

Send only request for Proof of Insurance to:
Sally Sunderman
ssunderman@mbah.com
765-420-1321

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS