



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

INSURANCE ELECTION FORM

8-1-2025 – 7-31-2026

Treasurer's name	Treasurer phone #	Email Address
Treasurer's Address	City	State
		Zip

SUBMITTING FORM FOR: (Choose One)

Local Club Name _____
County Name _____
District Name _____

LIABILITY & ACCIDENT INSURANCE FOR COUNTIES

Total # of members in county _____ X \$2.75 cost per member
Total cost (multiply # of members by \$2.75).....\$_____

TREASURER DISHONESTY/FIDELITY BOND (Choose One)

Local Club Treasurer – Cost \$55 (Co-Treasurers, \$55 each).....\$_____
County Treasurer – Cost \$55 (Co-Treasurers, \$55 each)\$_____
District Treasurer – Cost \$55.....\$_____

Total Cost for the 8/1/25-7/31/26 year. (Add Liability & Bond Cost).....\$_____

Make check payable to IEHA
MUST BE POSTMARKED NO LATER THAN JUNE 15, 2025
(Late registrations can not be accepted)

Send original form and payment to:

Ellen King
9995 S. State Rd 25
Rochester, IN 46975

For Proof of Liability Insurance contact:

Vince Larrabee
vince.larrabee@epicbrokers.com
765-420-1337

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS
CONTACT CURRENT STATE PRESIDENT OR STATE TREASURER FOR CLAIM FORM
ALL CLAIMS MUST BE FILED WITHIN 60 DAYS OF INCIDENT