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 CA #0334819

STUDENT ORGANIZATION

INSURANCE QUESTIONNAIRE FOR THE UNIVERSITY OF . . .

Name of Organization (as will appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Location Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____

Day Phone: _____ Night Phone: _____

Email Address: _____

Total Membership: _____ Number of Activities Per Year: _____

Description or purpose of organization: _____

Description of activities, fund raisers and special events: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YY)

 Date (MM/DD/YY)