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 CA #0334819

**INTERCOLLEGIATE/
 HIGH SCHOOL
 Student Association/
 Alumni Chapter Questionnaire**

Name of Insured (*as will appear on policy*): _____

Mailing Address: _____

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

Email Address: _____

Web Site Address: _____

1. Description or Purpose of Organization _____

2. Number of Members _____

3. Number of Activities per Year _____

4. 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)