## **2024 Elks Krewe of Orleanians Insurance Application**

## DON'T FORGET TO SIGN BELOW BEFORE MAILING

Name of Club:	E-MAIL:			
Club Captains Name:		Phone #:		
Address:	City:	State	_ Zip Code:	
Tractor Owner:		Phone	#:	
Tractor Driver:		Phone #:		
Float Owner:		Phone #	<b>#</b> :	
INCLUDE	ED REQUIRED MAR	DI GRAS COVE	RAGE	
\$1,000,000 LIABILITY; \$5,000 ACCIDENT MEDICAL EXPENSE				
\$10,000 ACCIDENTAL DEATH & DISMEMBERMENT				
,	ON COVERAGE			
THERE WILL BI	E A \$20.00 LATE FEE <i>A</i>	AFTER THE FINA	AL MEETING	
refund, and that there is no refund or	ı late fees.	Signed by	a representative of the Club	
Checks or n	money orders should be mad	de payable and remit	ted to:	
;	ARCERI & ASSOC 2017 TRANSCONTINE METAIRIE, LA 7 504-484-63	ENTAL DRIVE 70001		
	CHECKS ACCEPTED AFTE \$20.00 NSF FEE ON RETU			
Office Use Only: Check: # M.O.:	OTH	HER:	TRUCK #:	
IMS Certificate: emailed / g	given / mailed			
Follow up for more info:	· · · · · · · · · · · · · · · · · · ·	- <del></del>	Paid:	