

2025 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 #: _____

INCLUDED REQUIRED MARDI GRAS COVERAGE

\$1,000,000 LIABILITY; \$5,000 ACCIDENT MEDICAL EXPENSE

\$10,000 ACCIDENTAL DEATH & DISMEMBERMENT

TOTAL PREMIUM ON COVERAGE\$ 650

THERE WILL BE A \$20.00 LATE FEE AFTER THE FINAL MEETING

I understand that in order to receive a refund, cancellations must be made by the listed Captain, in writing, by the Friday before Mardi Gras. I also understand that any cancellation requests by email or voicemail must be confirmed by Arceri & Associates, and that unless requested otherwise, refunds for requested cancellation will be sent by mail to the address of the Captain listed on the application. I also understand that there will be a \$10.00 processing fee for all cancellations for refund, and that there is no refund on late fees.

Signed by a representative of the Club

Checks or money orders should be made payable and remitted to:

**ARCERI & ASSOCIATES
2017 TRANSCONTINENTAL DRIVE
METAIRIE, LA 70001
504-484-6393**

**NO CHECKS ACCEPTED AFTER FINAL MEETING
\$20.00 NSF FEE ON RETURNED CHECKS**

Office Use Only:

Check: # _____ M.O.: # _____ OTHER: _____ TRUCK #: _____

IMS Certificate: Emailed / Given / Mailed - _____

Follow up for more info: _____ Paid: