## 2026 Elks Krewe of Jeffersonians Insurance Application

## DON'T FORGET TO SIGN BELOW BEFORE MAILING

Name of Club:	e of Club: E-MAIL:			
Club Captains Name:		Phone #:		
Address:	City:	State	_ Zip Code:	
Tractor Owner:		Phone #:		
Tractor Driver:		Phone #:		
Float Owner:		Phone #:		
INCLUD	ED REQUIRED MAR	DI GRAS COVE	RAGE	
\$1,000,000	LIABILITY; \$5,000 ACC	IDENT MEDICAL	EXPENSE	
• • •	ACCIDENTAL DEATH &			
TOTAL PREMIUM	ON COVERAGE	•••••	\$ 660	
THERE WILL E	BE A \$20.00 LATE FEE A	AFTER THE FINA	L MEETING	
the Captain listed on the application refund, and that there is no refund of		·	a representative of the Club	
Checks or	money orders should be mad	de payable and remiti	ted to:	
	ARCERI & ASSO 2017 TRANSCONTINE METAIRIE, LA 7 504-484-63	ENTAL DRIVE 70001		
NO	CHECKS ACCEPTED AFTE \$20.00 NSF FEE ON RETU	_		
	O.: # OTF		TRUCK #:	
Follow up for more info:			Paid:	