

Application for Insurance

One week prior to the activity, complete Part I, make a copy, and submit one copy to the State Extension Advisor. Immediately after the activity, complete Part II on the copy and submit it.

Part I – Submit one week prior to the activity.

Estimated Number of People to Attend the Activity _____

Activity or Meeting _____

Date _____

Place _____

Check the Insurance Coverage You Are Requesting:

<p>PLAN I 15¢ per day per person</p>

<p>PLAN II 20¢ per day per person</p>
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<p>PLAN III 23¢ per day per person</p>

Submitted by _____

County Extension Agent - Family and Consumer Sciences

County _____

Date _____

Part II – Submit immediately after the activity. Include a check for payment, made payable to American Income Life Insurance Company. A minimum premium of \$4.00 is required for each activity.

Actual Number of People Who Attended the Activity _____

Cost of Insurance _____
