

# **FY26 Student Insurance for all Sports Excluding Fall Football**

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## INSTRUCTIONS FOR COMPLETION OF INSURANCE LISTING FOR ALL SPORTS EXCLUDING FOOTBALL:

1. Enter school name only at top of each sheet.
2. Enter each student's name.
3. Enter the date you receive each student's money.
4. Make a copy for your records.
5. Mail all listing sheets and money to:  
K&K Insurance Company  
ATTN: Zach Palmer  
PO Box 2338  
Fort Wayne, IN 46801
6. Packet must be postmarked no later than the day before practice begins.

**MAKE CHECKS PAYABLE TO: K&K INSURANCE COMPANY**

**If you have any questions, contact K&K INSURANCE at 855-742-3135  
OR ZACH PALMER AT 260-459-5770.**

**[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**

**FY26 - K&K INSURANCE**  
**All Sports Excluding Fall Football**

MAIL ORIGINAL - RETAIN A COPY FOR YOUR FILE

SCHOOL \_\_\_\_\_

| LINE NO. | DATE PAID | NAME | LOW OPTION<br>\$18.00 or<br>\$26.00 | HIGH OPTION<br>\$26.00 OR<br>\$34.00 |
|----------|-----------|------|-------------------------------------|--------------------------------------|
| 1        |           |      |                                     |                                      |
| 2        |           |      |                                     |                                      |
| 3        |           |      |                                     |                                      |
| 4        |           |      |                                     |                                      |
| 5        |           |      |                                     |                                      |
| 6        |           |      |                                     |                                      |
| 7        |           |      |                                     |                                      |
| 8        |           |      |                                     |                                      |
| 9        |           |      |                                     |                                      |
| 10       |           |      |                                     |                                      |
| 11       |           |      |                                     |                                      |
| 12       |           |      |                                     |                                      |
| 13       |           |      |                                     |                                      |
| 14       |           |      |                                     |                                      |
| 15       |           |      |                                     |                                      |
| 16       |           |      |                                     |                                      |
| 17       |           |      |                                     |                                      |
| 18       |           |      |                                     |                                      |
| 19       |           |      |                                     |                                      |
| 20       |           |      |                                     |                                      |

Low option \_\_\_\_\_ X \$18.00

Low option with ext dental \_\_\_\_\_ X \$26.00

High option \_\_\_\_\_ X \$26.00

High option with ext dental \_\_\_\_\_ X \$34.00

Total Premium this Page \$ \_\_\_\_\_

**K&K INSURANCE COMPANY**  
**ATTN: ZACH PALMER**  
**PO BOX 2338**  
**FORT WAYNE, IN 46801-2338**

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855-742-3135 OR ZACH PALMER AT 260-459-5770.