

FY26 Student Insurance for Fall Football

INSTRUCTIONS FOR COMPLETION OF INSURANCE LISTING FOR FALL 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

FY26 - K&K INSURANCE - Fall Football

MAIL ORIGINAL - RETAIN A COPY FOR YOUR FILE

SCHOOL _____

LINE NO.	DATE PAID	NAME	LOW OPTION \$128.00 or \$136.00	HIGH OPTION \$200.00 OR \$208.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Low option _____ X \$128.00

Low option with ext dental _____ X \$136.00

High option _____ X \$200.00

High option with ext dental _____ X \$208.00

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.**