



## 2023-2024 IAABO Insurance Enrollment Form

IAABO Board Number:		Area (Colorado Only):			
IAABO Board Name:					
Secretary Name:					
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			

Enter your name below if you are enrolling as an individual official	
Name of Official:	

Number of IAABO Members on Board:				
Number Enrolled:		X \$6.75 =	Total Premium:	

**Please note:**

1. Master Policy runs from 10/15/23 – 10/14/24
2. Coverage is effective the day your check/enrollment form is postmarked and will expire on 10/14/24
3. Coverage may NOT be backdated.

Make check payable to **IAABO, Inc.**

This form must be remitted with your payment and registered roster to:

**IAABO, Inc.**  
**ATTN: Donnie Eppley**  
**P.O. Box 355**  
**Carlisle, PA 17013-0355**