



## 2023-2024 IAABO Insurance Additional Add On's

IAABO Board Name: \_\_\_\_\_

IAABO Board Number: \_\_\_\_\_

Area (CO Only): \_\_\_\_\_

Number Enrolled: \_\_\_\_\_ x \$6.75 = Total Premium: \_\_\_\_\_ Check # \_\_\_\_\_

Additional Names:

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**Make check payable to IAABO, Inc.  
Please remit this form to:**

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