

BUSINESS ADDRESS

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EASTON KNIGHTS OF COLUMBUS COUNCIL NO. 238

www.eastonkofc.org

INSURANCE AGENT'S REPORT

PLEASE TYPE OR PRINT CLEARLY & CHECK ALL THAT APPLY:

SUMMARY:

THE INSURANCE AGENT'S REPORT FOR THE _____ MEETING OF THE MONTH OF _____ IS AS
(1ST OR 2ND) (MONTH)
FOLLOWING DESCRIBED.

AS ATTACHED; AS NOTED BELOW; AS NOTED IN NEWSLETTER; OTHER: _____
(DESCRIBE)

RESPECTFULLY SUBMITTED:

FULL NAME: _____ DATE: _____
(LAST) (FIRST) (MI) (MONTH / DAY / YEAR)

SIGNATURE: _____

INSURANCE DRIVE:

DAY:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

MONTH:

JANUARY FEBRUARY MARCH APRIL MAY JUNE
 JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER

DATE:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

TIME (START):

8:00 AM 9:00 AM 10:00 AM 11:00 AM 12:00 NOON 1:00 PM
 2:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM 7:00 PM 8:00 PM

REPORT ON INSURANCE PROGRAM:
