



Kansas Building Industry Workers Compensation Fund

New Member Referral Form

Your Company Name: _____ Policy #: _____

Your Name: _____

Your Phone # _____

I would like to refer the following company for submission:

Type of Business: _____

Purposed Company Name: _____

Company address: _____

Contact Person: _____

Phone#: _____

Insurance Agency (if known): _____

Insurance Agent (if known): _____

Please send this form to:

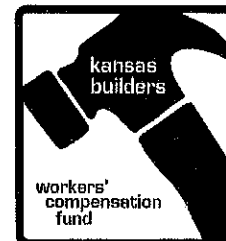
Kansas Building Industry Workers Compensation Fund

Attn: Kim

2101 SW 36th Street

Topeka, KS 66611

Phone - 785-266-4540 Fax - 785-266-7953



KS Building Industry Association