

REQUEST FOR CERTIFICATE

Please TYPE OR PRINT with ballpoint pen.

LOCATION.. means the name of the actual Location of the dance. State complete address: street, city, state and zip code.

NAME OF THE ADDITIONAL INSURED... means the owner or organization of owners who wants their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility.

DATE [s] ... means special dance date. "Example: Every Sat. in 20xx is O.K."

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1.	LOCATION OF EVENT					
	STREET ADDRESS					
	CITY		STATE		ZIP	
2.	NAME(S) OF ADDITIONAL ISSURED					
	STREET ADDRESS					
	CITY		STATE		ZIP	
3.	LIST OF ALL BUILDINGS USED					
4.	DATE(S) AND TIME OF EVENT					
5.	TYPE OF EVENT					
Requested by (club/ organization name)					Date	
Person making request						
Phone:		Street Address				
City		State		Zip		
Send to: Federation /Association insurance Chairman:						