

Folk Dance Federation of California, South, Inc.
REQUEST FOR INSURANCE CERTIFICATE

This form is used to request either an insurance certificate or to add a facility owner as an additional insured to the Federation's liability insurance policy. Often, the facility owner or organization name differs from the name of the facility which you are using or the location of that facility.

REMEMBER: Only dance activities are covered by this insurance.

(Please print in ball point pen.)

Date of request _____ **(allow 45 days for processing)**

Member Club

Name _____

Contact _____

Address: _____

City/St/Zip _____

Phone () _____ FAX () _____

e-mail _____

Signature _____

Location of Event(s). This is the actual facility name & street address where the dance takes place.

Facility Name _____

Street Address _____

City/St/Zip _____

If dancing in a mall, indicate which store you are dancing in front of _____

If more than one building, list all buildings to be used for dancing activities _____

Date(s) of Events(s), including time if known:

Date Time Type of Function

Additional Insured Certificate needed: ☐ Then fill complete this section.

Name(s) of Additional Insured. This is the owner or organization of owners who want their names added to your liability insurance. This often differs from the name of the facility being used or the location of that facility.

Name: _____

Address: _____

City/St/Zip _____

Phone () _____ FAX () _____

e-mail _____

For information contact Julith Neff, Insurance Chair, (562) 867-4495, insurance@SoCalFolkdance.org.

Send this completed form to:

Julith Neff, Insurance Chair
Folk Dance Federation of California, South, Inc.
P.O. Box 4008, Bellflower, CA 90707
or email to: insurance@SoCalFolkdance.org