

Notification of Special Event

This form is to be used for notification of a special event when no insurance certificate is required. If the facility requires a certificate or needs to be named as "Additional Named Insured," use Form D (Request for Insurance Certificate).

REMEMBER: Only dance activities are covered by this insurance.

Request date: _____ (allow 30 days for processing)

Club info

Club name _____
Your name _____
Email _____ Phone: _____
Address _____
City, State, Zip _____

Event info

Event type (check one): Exhibition dance Club dance Festival

Event date _____
Facility name _____
Address _____
City, State, Zip _____

Group travel info (if applicable)

Note: Carrier must be commercial, certified, and insured.

Date of trip _____ Departure time: _____
Departing from (city, state) _____
Destination (city, state, country) _____
Number of miles (one way) _____
Carrier _____

Your signature

X _____
Signature of club officer Date

Send the completed form to
Julith Neff, Insurance Chair
16910 Judy Way
Cerritos, CA 90703

For information, contact
Julith Neff, Insurance Chair
562-881-9504
insurance@SoCalFolkdance.org