

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.**

Request date: _____ (allow 30 days for processing)

Club contact info

Club name: _____
Contact person (name): _____
Email: _____ Phone: _____
Address: _____
City, State, Zip _____

Location of event

This is the actual facility name and street address where the dance will take place.

Facility name: _____
Address: _____
City, State, Zip _____

If dancing in a mall, in front of what store(s) are you dancing? _____

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

Date(s) of event

Date	Time (if known)	Type of function
_____	_____	_____
_____	_____	_____

Additional Insured certificate

Complete this section if you need an "Additional Insured" certificate. The information in this section pertains to the owner or organization who want their name(s) 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, State, Zip _____
Email: _____
Phone: _____ Fax: _____

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