State Council of Illinois Square Dance Associations

ADDITIONAL INSURED REQUEST

Additional Insured Request should be submitted only in those cases where the Facility Management asks specifically to be added to the policy.

Submit Additional Insured Request at the beginning of the dance season or as soon as you are aware of the need. Please Allow fifteen business days for processing.

Date: _____

Club Name: _____

For our Special Dance on: _____
(Date must be current insurance year - Sept. 1 through Aug. 31)

Please add the following:
Additional Insured:

Name: _____ Phone: _____

Address: _____ Email: _____
Street

_____ _____ _____
City State Zip

Association/Federation Name: _____

Insurance Contact:

Name: _____ Phone: _____

Address: _____ Email: _____
Street

_____ _____ _____
City State Zip

Please send Original to the *Additional Inured* and a copy to Bill Neurauter.

Bill Neurauter
SCISDA Insurance Coordinator
1604 S Meyers Road
Lombard, IL 60148

630-495-1182
E-mail: willy2806-scisda@yahoo.com