

**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: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Association/Federation Name: \_\_\_\_\_

Insurance Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

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

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

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