

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(s) must be current insurance year - Sept. 1 through Aug. 31)

Please add the following:						
Additional Insured:						
Name: _____	Phone: _____					
Address: _____ Street	Email: _____					
City _____	State _____	Zip _____				
Association/Federation: (One must be checked)						
<input type="checkbox"/> B n B	<input type="checkbox"/> IFSRD	<input type="checkbox"/> MCASD	<input type="checkbox"/> NISDA	<input type="checkbox"/> NISDA	<input type="checkbox"/> Quad Cities	<input type="checkbox"/> RRADA

Insurance Contact(Club, Etc.):		
Name: _____	Phone: _____	
Address Street: _____	Email: _____	
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