

REQUEST FOR CERTIFICATE

Please TYPE OR PRINT with ballpoint pen.

LOCATION.. means the name of the actual Location of the dance. State complete address: street, city, state and zip code.

NAME OF THE ADDITIONAL INSURED... means the owner or organization of owners who wants their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility.

DATE [s] ... means special dance date. "Example: Every Sat. in 20xx is O.K."

.....NEBRASKA STATE SQUARE & ROUND DANCE ASSOCIATION, Inc.

1.	LOCATION OF EVENT					
	STREET ADDRESS					
	CITY		STATE		ZIP	
2.	NAME(S) OF ADDITIONAL INSURED					
	STREET ADDRESS					
	CITY		STATE		ZIP	
3.	LIST OF ALL BUILDINGS USED					
4.	DATE(S) AND TIME OF EVENT					
5.	TYPE OF EVENT					
Requested by	Federation/Organization		Date			
Requested by	Club					
Person making request						
Street Address						
City		State		Zip		
Phone		Email				
Send to: Federation /Association Insurance Chairman:						