



ASSOCIATED SQUARE DANCERS

Linda Harris
743 Pier Ave #2
Santa Monica, CA 90405
310-396-0739
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2019 Insurance Program

Application to participate in public liability, property damage and accident medical for the year of 2019
INSURANCE IS NOT EFFECTIVE PRIOR TO RECEIPT OF APPLICATION AND ASSOCIATION DUES

Cost of program: \$4.60 per member for the year of 2019 or any portion thereof, based on 100% membership.
This includes coverage for guest and beginner classes at no additional cost.

SECTION A - CLUB INFORMATION

Date of Application: _____ Name of Club _____
of members insured in club _____ # of members insured in other clubs _____ Total _____
A Square D Delegate _____ Phone # _____
Address _____ Email _____
City and Zip _____

SECTION B - CERTIFICATES TO BE ISSUED

List all venues where you hold classes and/or dances. Please indicate if the venue is requesting to be named "additional insured", if they just need proof of insurance or if they don't need anything by checking the appropriate box. Check with your venue to make sure what they require. **IMPORTANT!! THERE IS AN INITIAL CHARGE OF \$10.00 FOR EACH ADDITIONAL INSURED. A \$25 FEE WILL BE CHARGED FOR ADDITIONAL INSURANCE REQUESTS MADE AFTER THE INITIAL APPLICATION.** Certificates of Proof of Insurance are free of charge. PLEASE TYPE OR PRINT THE ADDRESS EXACTLY AND SPECIAL WORDING (IF ANY) THAT YOUR DANCE FACILITY IS REQUESTING. (ATTACH A SEPARATE SHEET IF NECESSARY)

Additional Insured Required Proof of Insurance Required Nothing Required

1. Name _____
Address _____

Additional Insured Required Proof of Insurance Required Nothing Required

2. Name _____
Address _____

A copy of the Certificate of Insurance, either Proof of Insurance or Additional Insured, will be mailed or emailed to the Assoc. Square Dancer delegate listed above. Original certificates will be mailed directly to the certificate holder.
Any additional certificates requested must be applied for in writing.

SECTION C - PAYMENT INFORMATION

Number of members: _____ @ \$4.60 _____
Number of additional insureds _____ @ \$10.00 _____ *Initial cost is \$10.00. Additional orders will be \$25.00*
Check # _____ in the amount of: _____

Make check payable to Associated Square Dancers and mail with application to:

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