

State Council of Illinois Square Dance Association

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: _____

Club Contact Information

Name: _____

Phone: _____

Email: _____

Please add the following as Additional Insured:

Name of Venue: _____

Address: _____

City, State, Zip: _____

Contact Name & Phone: _____

Contact email: _____

Association:

☐

BnB

☐

ILFED

☒

MCASD

☐

QC

Please send to:

Christine Steffy 847-271-2403 Bill Neurauder 630-495-1182

E-mail: sillydog56@icloud.com willy2806-scisda@yahoo.com

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Lombard, IL 60148