

National Square Dance Campers Assoc., Inc.  
P. O. Box 241  
Butler, WI 53007-9998



**Request for Additional Insured**

Use this form if the entity (Land or Building owner, municipality, etc.) requires their name to be explicitly listed as an ADDITIONAL INSURED. Please send this form at least 60 days prior to your event if possible. Send this completed form to the above address (Attn: Treasurer).

Number & Name of Chapter or Group requesting Additional Insured:

\_\_\_\_\_

**Additional Insured**

Dates of Event: \_\_\_\_\_ Event Name: \_\_\_\_\_

Location of Event: (include complete physical address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Address and Phone number of entity that requires listing as ADDITIONAL INSURED.

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Name, Address and Phone Number of event sponsor: (Proof of Additional Insured will be sent to this address.)

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