General Liability Insurance Certificate Request

Square and Folk Dance Federation of Washington

INSTRUCTIONS: Complete the following information and forward (mail, email, or fax) this form to the Membership and Insurance Chairman. Certificate will be forwarded (mail, email or fax) to the organization requiring the certificate, unless otherwise indicated. When requesting a Certificate of Insurance always include a letter from the Organization requiring the Certificate stating their requirements if they have any. If they require "additional insured" or other special wording, be sure they include that information in their letter.

M & I Chair: Richard & Barbara Snyder

5612 S Napa St. Spokane, WA 99223 Phone: 509-443-0126

Email: richardbarbarasd@gmail.com

CLUB REQUESTING INFORMATION

CLOB	REQUESTING IN ORMATION
Club:	Council:
Officer Name:	Phone:
Position:	Fax:
Address:	
E-mail:	
	Event/Activity
Description of Event/Activity:	Approximate number of Participants:
Date(s) of Event/Activity:	
Location of Event/Activity:	
Facility Name:	
Facility Address:	
<u>ORGANIZAT</u>	TION REQUESTING INFORMATION
(1)	School, Grange, City, etc.)
Organization:	Phone:
Contact:	Fax:
Position:	
Address:	
E-mail:	