

National Square Dance Campers Assoc., Inc.
P. O. Box 628433
Middleton, WI 53562-8433



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**. This request requires NSDCA BOD approval. Please send this form and the required fee (USD \$52.00 payable to NSDCA) 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**.

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

