

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



**Request for Proof of Insurance Certificate**

Number & Name of Chapter or Group requesting Proof of Insurance/Named Insured:

\_\_\_\_\_

**Proof of Insurance** (no charge)

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail to:

Diana L. Scarupa  
Account Manager  
Lawley Vivacqua Scheff LLC  
501 John James Audubon Parkway Suite 302  
Amherst NY 14228