



ASSOCIATED SQUARE DANCERS



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2022-2023 Insurance Program

Application to participate in public liability, property damage and accident medical for the year of 2022-2023
INSURANCE IS NOT EFFECTIVE PRIOR TO RECEIPT OF APPLICATION AND ASSOCIATION DUES
Cost of program: \$7.75 member for the year of 2022-2023 or any portion thereof, based on 100% membership.
This includes coverage for guest and beginner classes at no additional cost

SECTION A - CLUB INFORMATION

Date of Application _____ Name of Club _____
of member to be insured: _____ # of members insured in other clubs _____ Total: _____
Club member getting certificate _____ Phone # _____
Address _____ Email: _____
City & Zip _____

SECTION B - CERTIFICATE TO BE ISSUED

List all venues where you hold classes and/or dances. Please indicate if the venue is requesting to be named "additional insured", if they just need proof of insurance or if they don't need anything by checking the appropriate box. Check with your venue to make sure what they require. **IMPORTANT: THERE IS AN INITIAL CHARGE of \$10.00 FOR EACH ADDITIONAL INSURED. A \$25.00 FEE WILL BE CHARGED FOR ADDITIONAL INSURANCE REQUEST MADE AFTER THE INITIAL APPLICATION.** Certificates of Proof of Insurance are free of charge.

PLEASE TYPE OR PRINT THE ADDRESS AND ANY SPECIAL WORDING THAT YOUR VENUE REQUIRES CLEARLY.
(PLEASE ATTACH A SEPARATE SHEET IF NECESSARY.)

Additional Insured Required Proof of Insurance Required Nothing Required

1. Name _____
Address _____
Fax or email: _____

Additional Insured Required Proof of Insurance Required Nothing Required

2. Name _____
Address _____
Fax or email: _____

A copy of the Certificate of Insurance, either Proof of Insurance or Additional Insured, will be mailed or emailed to the club member listed above. Original certificates will be mailed directly to the certificate holder unless otherwise specified.

Any additional certificates requested must be applied for in writing.

SECTION C - PAYMENT INFORMATION

Number of Members _____ @ \$7.75 _____
Number Of Additional Insured _____ @ \$10.00 _____ Initial cost \$10.00 Additional orders will be
Check Number _____ Total Amount _____ \$25.00

Email your form to Judy.ASqD@jsfmail.com

Make check payable to Associated Square Dancers and mail to:

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