**REQUEST FOR A CERTIFICATE**

**Please type or print with ballpoint pen.**

**Location -** means the name of the actual location of the event

**Name of the Additional Insured -** means the owner or organization of owners who want their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility

**(List Name of Federation, Association and Club)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Federation** | | | |  | | | | | | | | | | | | | | | | |
| **Name of Association** | | | | Indiana Dancers Association | | | | | | | | | | | | | | | | |
| **Name of Club** | | | |  | | | | | | | | | | | | | | | | |
| **Check Who the Certificate is For** | | | | | | | | | | | | | | | | | | | | |
| **Federation** | | | **☐** | | **Association** | | | **☐** | | | | | **Club** | | | | | | **☐** | |
| **Mailing Address is the address that was entered on the enrollment form.** | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | |  | | | | | | | | | | | | | | | | |
| **City** |  | | | | | | **State** | | | |  | | | **Zip** | | | . | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Location of Event** | | | |  | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | |  | | | | | | | | | | | | | | | | |
| **City** |  | | | | | | **State** | | | |  | | | **Zip** | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Name of Additional Insured** | | | |  | | | | | | | | | | | | | | | | |
| **Street Address** | | | |  | | | | | | | | | | | | | | | | |
| **City** |  | | | | | | **State** | | | |  | | | **Zip** | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Person Requesting Certificate** | | | |  | | | | | | | | | | | | | | | | |
| **Street Address** | | | |  | | | | | | | | | | | | | | | | |
| **City** | |  | | | | | **State** | |  | | | | | | **Zip** | | |  | | |
| **Phone** | |  | | | | | | | **Email** | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Send Request to Federation/Association Insurance Chairman:** | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | Larry Hakes | | | | | | | | | | | | | | | | |
| **Street Address** | | | | 1007 Chestnut Blvd. | | | | | | | | | | | | | | | | |
| **City** | | Chesterton | | | | | **State** | | | IN | | | | **Zip** | | 46304 | | | | |
| **Phone** | | (219) 921-1196 | | | | **Email** | | | Lmhakes@aol.com | | | | | | | | | | | |

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