



# Country Dance and Song Society

116 Pleasant Street, Suite 345  
Easthampton, MA 01027-2759

<http://store.cdss.org>  
store@cdss.org

Customer service: 413-203-5467 ext. 103  
9:30 am - 4:30 pm EST Mon-Fri

## Application for Callers: 2017-2018

|                 |                     |
|-----------------|---------------------|
| Name            | _____               |
| Mailing Address | _____               |
| City            | _____               |
| State           | _____ Zip           |
|                 | _____ Country _____ |
| Email           | _____               |
| Phone           | _____               |

How many events per year will be covered under this policy? \_\_\_\_\_

How many people do you expect to participate in your most popular event? \_\_\_\_\_

**You MUST fill out Page 2 of this form with at least one event location address.**

Annual Flat Rate  \$65 per year

Do you require any additional insureds for this policy?  No  Yes  
There is an extra \$10 fee per additional insured.

The purpose of "additional insured" is coverage for the hall or site and is not necessary unless the hall owner requests it, i.e. if they want the hall's name on the insurance certificate. Some places insist on this; others don't.

*If you require additional insureds, please also fill out Page 3 of this form with an address for each entity.*

\_\_\_\_\_ additional insureds x \$10 = \_\_\_\_\_

**TOTAL** \_\_\_\_\_

### PAYMENT

|                           |  |
|---------------------------|--|
| <input type="checkbox"/>  | I have enclosed a check (made out to CDSS.)                              |
| <input type="checkbox"/>  | Please charge my credit card: _____ Visa _____ MC Exp Date _____ / _____ |
| Card #                    | _____  |
| Full name on card (PRINT) | _____  |
| Signature                 | _____  |

Return to **Country Dance & Song Society, 116 Pleasant St, Suite 345, Easthampton MA 01027** or fax **413-203-5471**.  
Please allow at least 3 weeks processing time; we will forward the insurance certificate when we receive it from the insurer.



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Please provide an address for each location where you hold events.  
Locations with multiple events should be listed only once.

| Event Location |       |         |
|----------------|-------|---------|
| Name           | _____ |         |
| Address        | _____ |         |
| City           | _____ |         |
| State          | Zip   | Country |
| _____          | _____ | _____   |

| Event Location |       |         |
|----------------|-------|---------|
| Name           | _____ |         |
| Address        | _____ |         |
| City           | _____ |         |
| State          | Zip   | Country |
| _____          | _____ | _____   |

| Event Location |       |         |
|----------------|-------|---------|
| Name           | _____ |         |
| Address        | _____ |         |
| City           | _____ |         |
| State          | Zip   | Country |
| _____          | _____ | _____   |

| Event Location |       |         |
|----------------|-------|---------|
| Name           | _____ |         |
| Address        | _____ |         |
| City           | _____ |         |
| State          | Zip   | Country |
| _____          | _____ | _____   |

If you have more than four event locations, please attach additional copies of this page.



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### ADDITIONAL INSURED

| <i>Additional Insured</i> |       |         |       |
|---------------------------|-------|---------|-------|
| Name                      | _____ |         |       |
| Address                   | _____ |         |       |
| City                      | _____ |         |       |
| State                     | Zip   | Country | _____ |

| <i>Additional Insured</i> |       |         |       |
|---------------------------|-------|---------|-------|
| Name                      | _____ |         |       |
| Address                   | _____ |         |       |
| City                      | _____ |         |       |
| State                     | Zip   | Country | _____ |

| <i>Additional Insured</i> |       |         |       |
|---------------------------|-------|---------|-------|
| Name                      | _____ |         |       |
| Address                   | _____ |         |       |
| City                      | _____ |         |       |
| State                     | Zip   | Country | _____ |

| <i>Additional Insured</i> |       |         |       |
|---------------------------|-------|---------|-------|
| Name                      | _____ |         |       |
| Address                   | _____ |         |       |
| City                      | _____ |         |       |
| State                     | Zip   | Country | _____ |

If you have more than four additional insureds, please attach additional copies of this page.