



# 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 Group Affiliates: 2017-2018

Group Name	_____
Contact Person	_____
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? \_\_\_\_\_

**One Time Event** \_\_\_\_\_ days x \$65 per day = \_\_\_\_\_

### Annual Flat Rate

- 1 to 18 events per year \$450
- 19 to 36 events per year \$550
- 37 to 70 events per year \$650
- 71+ events per year \$750

### Additional Insureds

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.

\_\_\_\_\_ additional insureds x \$30 each = \_\_\_\_\_

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

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

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

### 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.



# Country Dance and Song Society

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

<http://store.cdss.org>  
[store@cdss.org](mailto:store@cdss.org)

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

## Application for Group Affiliates: 2017-2018

**ONE TIME EVENT**      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

<i>Event Details</i>		
Event Name	_____	
Location	_____	
Address	_____	
City	_____	
State	Zip	Country
_____	_____	_____

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

<i>Event Location</i>		
Location	_____	
Address	_____	
City	_____	
State	Zip	Country
_____	_____	_____

  

<i>Event Location</i>		
Location	_____	
Address	_____	
City	_____	
State	Zip	Country
_____	_____	_____

  

<i>Event Location</i>		
Location	_____	
Address	_____	
City	_____	
State	Zip	Country
_____	_____	_____

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



# 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 Group Affiliates: 2017-2018

### 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.