



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. 106
9:30 am - 4:30 pm EST Mon-Fri

Application for Callers: 2019-2020

Name	_____		
Mailing Address	_____		
City	_____	State	_____ Zip _____
Email	_____		
Phone	_____		

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

Estimated average attendance per event: _____

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 =	_____
	+ Annual Flat Rate	\$65.00
	TOTAL	_____

PAYMENT

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

Return to **Country Dance & Song Society, 116 Pleasant St, Suite 345, Easthampton MA 01027**

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 _____

Event Location			
Name	_____		
Address	_____		
City	_____	State	_____ Zip _____

Event Location			
Name	_____		
Address	_____		
City	_____	State	_____ Zip _____

Event Location			
Name	_____		
Address	_____		
City	_____	State	_____ Zip _____

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



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ADDITIONAL INSURED

Each location listed as an additional insured incurs a separate \$10 fee to account for the increased coverage.

Event Location			
Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	

Event Location			
Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	

Event Location			
Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	

Event Location			
Name	_____		
Address	_____		
City	State	Zip	
_____	_____	_____	

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