



Country Dance and Song Society

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

Liability Insurance

<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 Group Affiliates: 2019-2020

Page 1

| | |
|-----------------|-----------------------------|
| Group Name | _____ |
| Contact Person | _____ |
| Mailing Address | _____ |
| City | _____ State _____ Zip _____ |
| Email | _____ |
| Phone | _____ |

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

Estimated average attendance per 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: <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 2 **weeks processing time.**

We will forward the insurance certificate when we receive it from the insurer.



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ONE TIME EVENT

Start Date _____

End Date _____

Event Details

Event Name _____

Location _____

Address _____

City _____ State _____ Zip _____

ANNUAL FLAT RATE

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

Event Details

Location _____

Address _____

City _____ State _____ Zip _____

Event Details

Location _____

Address _____

City _____ State _____ Zip _____

Event Details

Location _____

Address _____

City _____ State _____ Zip _____

If you have more than three 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 \$30 fee to account for the increased coverage.

| Additional Insured | | | |
|--------------------|-------|-------|--|
| Name | _____ | | |
| Address | _____ | | |
| City | State | Zip | |
| _____ | _____ | _____ | |

| Additional Insured | | | |
|--------------------|-------|-------|--|
| Name | _____ | | |
| Address | _____ | | |
| City | State | Zip | |
| _____ | _____ | _____ | |

| Additional Insured | | | |
|--------------------|-------|-------|--|
| Name | _____ | | |
| Address | _____ | | |
| City | State | Zip | |
| _____ | _____ | _____ | |

| Additional Insured | | | |
|--------------------|-------|-------|--|
| Name | _____ | | |
| Address | _____ | | |
| City | State | Zip | |
| _____ | _____ | _____ | |

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