

**MERRIAM INSURANCE
REQUEST FOR CERTIFICATE OF INSURANCE
2014**

**DanceFlurry Organization
PO Box 448
Latham, NY 12110**

Contact: Lorraine Weiss, Administrator
During the day, please contact by calling 926-0538 with any questions
Email materials to flurryadmin@mindspring.com

Date:

Request Type:

- New event at a new venue
 New event at an existing venue
 New date for an existing event

1. Dance Series:

2. Dates:

3. Certificate Holder (This is the venue and/or property owner, if different):

Name:

Address:

City/State/Zip:

Contact person:

Contact phone:

Contact email:

4. Additional Insured: Yes No

If additional insured is required then please indicate exactly who should be listed if different from the Certificate Holder and the interest of the Additional Insured, i.e., property owner, event sponsor, etc.

5. Certificate should be sent to:

- Certificate Holder (Please provide email address of contact person if possible)
 Other: