

# **Society Report for the BC Federation Board 2010**

Submitted by Chuck & Marguerite Jordan

This will be our last year as your representatives to the Society Board. We have enjoyed representing you over the last eight years. Everyone has been very cooperative and understanding. We thank you for all your help during these years. We hope our successor will enjoy the challenge as much as we have.

## **STATEMENT of MEMBERSHIP INSURANCE COVERAGE (Effective**

**January 01, 2010)**

**Insuring Agent**

**Aon Reed Stenhouse Inc.**

**Susan Fedyck**

**Suite 1000 2103-11th Avenue**

**Regina, SK S4P 3Z8**

**Ph: (306) 569-6715**

**Fax: (306) 359-0387 E-mail: [susan.fedyck@aon.ca](mailto:susan.fedyck@aon.ca)**

Does not cover normal wear and tear of floor only sudden or accidental damage. "Sudden and Accidental refers to an action which occurs without prior knowledge of that action occurring " (dragging of chairs, tables, furniture, etc. over floors is not sudden or accidental.) Cloggers should inform the owners of the facility they are dancing in that they are wearing taps on their shoes, particularly if it is a wooden floor. Please read the [csrds.ca](http://csrds.ca) website on floor care.

### **Exclusion: (Liquor Liability)**

It is understood that the insurance provided by this policy shall not apply in any way whatsoever to Liquor liability Note: If the Liquor clause is required, then those needing it will be required to apply and pay the extra premium to AON themselves.

**If you are in need of a "Certificate of Insurance", please contact:**

**Susan Fedyck @ Aon Read Inc. ([susan.fedyck@aon.ca](mailto:susan.fedyck@aon.ca))**

**In the Event of an Incident**, have the incident reported directly to Susan Fedyck (contact information above) and a copy to the Director responsible for Membership (Gary Geldart 4409 Benoit, Pierrefonds, QC H9H 2L4. (514) 626-7980) E-Mail [mgkdisodo@sympatico.ca](mailto:mgkdisodo@sympatico.ca)

### **Details required include:**

1. Time of the incident.
2. Location or place of incident.
3. Description of incident with all relevant details.
4. Name(s) and Address(s) of any injured person(s)
5. Names and addresses of all witnesses.

(Make notes of the incident to assist in any resulting inquiry. Try to answer "who", "where", "what", "when", "why", and "how".)

A named Insurance Certificate is required for:

Name of Group requesting.

Address:

E-mail or Fax NR:

What type of event is it for?

Current CSRDS Membership Card Serial Number. (2010/ 123456 example) MANDATORY.

Person & Position of Requestor.

Name:

Position:

Address:

Telephone number

E-mail or Fax NR.

The full name and address of any additional insured's if required

The insurance company does not require any record of attendance at functions, but it is in the clubs best interest to keep a record in the event of an accident. It is the recommendation that all Clubs, Associations, etc. use whatever method they wish to record attendance, but some record be kept.

### **2010 Society Membership:**

<b>Total Federations and Federations:</b>	<b>57</b>
<b>Total # of Clubs:</b>	<b>433</b>
<b>Total # of Callers/Cuers/Leaders:</b>	<b>481</b>
<b>Total # of Dancers:</b>	<b>13,200</b>

**'Professional Development** Only one applications was received this year. A Reminder to everyone that the deadline dates for applications for the present year is June 15th. There is always some flexibility with this date.

**Promotion.** The promotion committee encourages square dancers and associations to consider "Social Communication" (blogging,) and the continued use of "Web Sites. We also ask clubs and organizations to update their activities encourage their dancers to use the Toll Free Number 1-866-206-6696.