



# Canadian Square and Round Dance Society

Friendship from coast to coast / L'amitié d'un océan à l'autre

(Please save completed application as a file for printing or email)

## Request for Certificate Naming a Third Party as Additional Insured

A Certificate for Additional Insured is required for:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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This portion is to be completed by the CSRDS MEMBER making request  
(Federation/Association / Club):

Federation  Association  Club

Type of event certificate is required for: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

After saving the document, you may email it directly to:

[danderson@dgdunbar.com](mailto:danderson@dgdunbar.com)

Or, mail it to:

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