

Information for Certificate of Insurance (ACORD):

*****Please remember to allow 2-4 weeks for processing*****

INSURED:

Santa Barbara Dance Alliance
1330 State St, Ste 201
Santa Barbara, CA 93101

DESCRIPTION OF OPERATIONS/VEHICLES/SPECIAL ITEMS:

Certificate holder is named as additional insured under the general liability policy.

RE: Name of Umbrella Member:

Dates of Event:

Description of Event:

Contact Info:

Name:

Address:

Phone:

Fax:

E-mail:

CERTIFICATE HOLDER:

Venue Event will be Held at:

Address of Venue:

Dates of event:

Short description of activity:

Contact Information at Venue:

Name:

Phone:

Fax:

E-mail:

ADDITIONAL INFORMATION AS PER VENUE REQUEST:
