



Houston Square & Round Dance Council, Inc

Instructions

Request for Certificate of Liability

1. Each member organization (club) determines if a Certificate of Liability (COL) is needed for their dance location or prospective dance location.
2. Member organization designates a Point of Contact (POC) for coordinating the COL request.
3. The POC completes the form below with the necessary facility information, including the facility e-mail address and/or FAX number for delivery of COL. Clubs may also request delivery of a copy of the COL by email.
4. The POC sends completed form to the HSRDC Insurance Director for further processing via email.



TEXAS STATE FEDERATION OF SQUARE AND ROUND DANCERS®

P. O. Box 2176, Midland, TX 79702-2176

1. REQUEST FOR CERTIFICATE OF LIABILITY

To: Henry Ramsey & Betty Shelton
 TSFSRD Insurance Director
 Address: P O BOX 824
 Gonzales, TX 78629
 Hm Nr: 512-971-1222/ 830-857-5143
 Fax Nr: 830-672-6201
 Email: spirit@gvec.net

From: Name: _____
 (District Insurance Director) Address: _____
 City, St Zip: _____
 E Mail: _____
 Phone: _____
 Fax (if available): _____

Date of Request: _____

Description: _____

Club or District Name:
(Name of Club or District requesting COI) _____

Activity:
(Type of Activity – ie: Festival, Exhibition,
Club Dance, Anniversary Dance, etc.) _____

**Date or Time Period
of Activity:** _____

Location of Activity: _____

Certificate Holder: _____

Name:
(Facility Requesting COI) _____

Address:
(Complete Location and
Mailing Address of Facility) _____

Contact:
(Facilitator, Manager, or Owner:
Telephone, Fax & Email) _____

Send Certificate to: _____

Facility Name:
(Complete mailing address,
Fax, and/or Email) _____

District Insurance Director:
(Complete mailing address,
Fax, and/or Email) _____

Club President:
(Complete mailing address,
Fax, and/or Email) _____