ADDITIONAL INSURANCE REQUEST

An additional insured is a client who requests being add Some common examples of clients requiring Additional parks.		
Please add the following as an additional insured to my oprocess down.	certificate. Print carefully	and legibly; errors will slow the
Name(s) of Additionally insured:		
	T	
Certificate Holder of Additionally Insured (If Different)		
ADDRESS OF ADDITIONALLY INSURED		
CITY	STATE	ZIP CODE
Date of Event:		
☐ Please mail the additional certificate to the	above address	
☐ EMAIL THE ADDITIONAL INSURED CERTIFICATE TO):	
PERFORMERS LEGAL NAME:		WCA#
ADDRESS:		
CITY:	STATE:	ZIP CODE:

Just a reminder there is no longer a cost for Additional Insured requests

Please mail, fax, or email this complete form to: World Clown Association, Inc 6164 Scherr Road Berrien Springs, MI 49103

FAX: (765) 807-8649 Phone 800-336-7922

Performer's signature (Required)

TELEPHONE:

Email: manager@worldclown.net

The insurance company **requires your signature** prior to issuing the additional insured certificate.