



ADDITIONAL INSURED (AI) REQUEST

An additional insured is a client who requests being added to your policy – not family members, your employees, etc.

Some common examples of clients requiring Additional insured Certificates are mall, festivals, fairs, hotel and parks.

Please add the following as an additional insured to my certificate. This form is PDF fillable so typing is the preferred format. After the typing is complete, please save the form as a .pdf file extension. Errors will slow the process down.

Name(s) of Additionally insured (Additional Verbiage if needed): Please use “//” to separate more than one phrases.

Name of Certificate Holder of Additional Insured _____

Address of Certificate Holder of Additional Insured _____

City _____ State _____ Zip Code _____

Date of Event: (mm/dd/yyyy) _____ (Also AI Effective Date)

PLEASE COMPLETE FIRST CURRENT EFFECTIVE DATE OF MY POLICY IS? **Date mm/dd/yyyy** _____ OR

My insurance policy is expired or in the process of being renewed at the moment?

Email Address: _____

Everything above this sentence refers to the Additional Insured Venue while everything below refers to the Performer

PERFORMERS LEGAL NAME: _____ WCA #: (If known) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ COUNTRY: United States of America

Performer’s typed Name _____ (Your typed name will serve as your electronic signature.)

Please note that all Additionally Insured Certificates are emailed to the venue, member and the WCA office.

Date this request was mailed to the WCA office (mm/dd/yyyy): _____

Current Primary Insurance “PI” CoI Expiry Date (mm/dd/yyyy): _____

Please email as a .pdf attachment (Preferred) to Manager@worldclown.net Revised April 2026 CCH