



California Mid-State Region
 P.O. Box 26105
 Fresno, CA 93729-6105
www.calmidstatena.org

**Insurance Company Is Not To Be Contacted Directly
 Request for Insurance Certificate
 For California Mid-State Region of NA**

Event Name / Type: _____ Date: _____

Regularly Scheduled Recovery Meeting? **YES** **NO**

Legal Name of Facility: _____

Street Address: _____ City: _____ State: CA Zip: _____

Specific Language (If Any) Needed on Certificate: _____

Facility Contact Person & Phone #: _____

Dates of Event: _____
(If event goes past midnight, list another day; i.e. 8 pm – 2am would be a two (2) day event)

Time of Event (Include set-up plus clean-up): _____

Number of People Attending: _____

Group / Area Hosting Event: _____

Please Check One (1) Only:

_____ Certificate Only *(This lets facility know we, NA, have insurance.)*

_____ **Additional Insured** *(Facility Name is ON CERTIFICATE, this may incur additional cost.)*

Contact Person for the Event: _____ Home Area _____

Full Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone #: _____ FAX #: _____

Email Address: _____

Insurance Request Procedure – Do Not Contact Insurance Broker – Use CMSRSC Request Procedure
 After Form is **Completely Filled Out**, please email copy to: *Regional Insurance Contact Person.*

Please Allow at Least Five (5) Business Days for Request to be Completed

To Ensure Submitted to Insurance Company -

Contact: James G. - Cell # 559.310.5535
Email: CMSRInsurance@calmidstatena.org