



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: _____

OR

Regularly Scheduled Recovery Meeting? YES NO

Legal Name of Facility: _____

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

Facility Contact Person & Phone Number: _____

Date(s) of Event: _____

(If event goes past midnight, list another day: i.e. 8 — 2 am 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 the facility know we, NA, have insurance*).

A certificate for "Insured Purposes Only" may be found <http://calmidstatena.org/forms.htm>

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

Specific language (if any) needed on "Additional Insured Certificate": _____

Insurance Request Procedure — DO NOT Contact Insurance Company or Broker — Use CMSRSC Request Procedure
After Form is **Completely Filled Out** (two pages (2)), email to *Regional Insurance Contact Person*.



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Contact Person for the Event: _____ Home Area: _____

Full Name: _____ Phone # _____

Address: _____

City: _____ State: CA Zip: _____

Email Address: _____

*Is a Sporting Activity Being Played (A team event: Softball, Soccer, etc.)? _____ YES _____ NO

If yes, provide details: _____

*Additional entertainment (Bounce House, Dunk Tank, etc.)? _____ YES _____ NO

If yes, provide details: _____

- *Additional entertainment must be set-up, torn down, and supervised by the licensed and insured vendor.
- **The Entertainment Vendor(s) must provide an “*Insurance Certificate*” naming *California Mid-State Na* as “*Additional Insured*” from their insurance company for a minimum \$1,000,000 (one million).
- ***All certificates must to be included with this request.

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Email: CMSRInsurance@calmidstatena.org Contact: Gary S. 209.404.3213

Insurance Company is *Not* to be contacted directly
Please Allow up to Seven (7) Business Days for Requests to be completed.