



**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 (Softball, Horseshoes, etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide details: \_\_\_\_\_

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

If yes, provide details: \_\_\_\_\_

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\*Additional entertainment must be set-up, torn down, and supervised by the 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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After Form is **Completely Filled Out** (two pages (2)), email to *Regional Insurance Contact Person*.

Email: [CMSRInsurance@calmidstatena.org](mailto:CMSRInsurance@calmidstatena.org)

Contact: Julie R. 209.768.5450

***Please Allow up to Seven (7) Business Days for Requests to be completed.***