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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Request for Insurance Certificate

California Mid-State Region of NA

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.

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.*

Email: CMSRInsurance@calmidstatena.org *Contact: Werner F. (209)541-8809*

*Insurance Company is ***Not*** to be contacted directly*

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