



INSURANCE SERVICES CORP.
 P.O. BOX 699 • Los Gatos, CA 95030
 Phone: (408) 395-7900 • Fax: (408) 395-3711
 Lic. #0680989

Additional Insured Certificate Request

Submitted through:

Central California Fellowship
 9960 Business Park Dr. #110
 Sacramento, CA 95827-1719
 Office: (916) 454-1771
 Email: centraloffice@aasacramento.org
 Fax: (916) 452-9132

Insured: Central California Fellowship of
 Alcoholics Anonymous

Policy Number: 201632661 NPO

Please complete ALL questions. This request form does not automatically bind coverage for the additional insured being requested.

Applications for this policy period must be submitted by March 31, 2023.

1. Name (*as it must legally appear on the Certificate*) and address of landlord.

2. Landlord's contact person:

Name: _____

Phone: _____

Email: _____

Fax: _____

3. A.A. Group/Meeting information:

Group Name: _____

Address: _____ Contact

Name: _____

Please keep a current name on file with Central Office at all times.

Contact Address: _____

Contact Phone: _____

Contact Email: _____

4. Number of meetings per week at this location: _____

Please deliver this application to CENTRAL OFFICE, together with the premium due. **NO REFUNDS**. We will submit the application and a Certificate will be sent directly to your landlord, with a copy to Central Office. We cannot submit your application without full payment of the premium due; **sorry – no exceptions.**

DO NOT DELIVER THIS APPLICATION TO THE INSURANCE COMPANY OR ITS AGENT
 DIRECTLY;
NO CERTIFICATE WILL BE ISSUED.