



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: 2024-32661

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, 2024.

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.