



**INSURANCE SERVICES CORP.**

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

**2024 Special Event Insurance Application**

Submitted through:  
Central California Fellowship  
9960 Business Park Dr. #110  
Sacramento, CA 95827-1719  
Office: (916) 454-1771  
Email: [centraloffice@aaasacramento.org](mailto:centraloffice@aaasacramento.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 a special event must be submitted 30 days prior to the event.**

**NO REFUNDS**

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. A.A. Special Event information:

Event Name: \_\_\_\_\_  
Event Date/Time: \_\_\_\_\_  
Event Location: \_\_\_\_\_

**Please deliver this application to CENTRAL OFFICE**, together with the premium due. 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.**