

# Insurance Request Form

YOU MUST DOWNLOAD THE CURRENT ADOBE READER TO USE THIS FORM. GO TO [www.adobe.com](http://www.adobe.com) TO DOWNLOAD THE READER.

Arizona Regional Service Committee Inc.  
P.O. Box 1351  
Phoenix, Arizona 85001

All groups business meeting and activities are covered with the current insurance policy. Meeting held in club houses are the exception. They are not covered by the current policy. Certificates of insurance will be provided upon request. There is no need to request a certificate if the facility does not ask you for proof of insurance. Please fill out the request **COMPLETELY.**

Full name of person making request: \_\_\_\_\_

Email of person making request: \_\_\_\_\_

Phone: \_\_\_\_\_

Date/Times of the Event:

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

\*If this not a meeting requests the insurance company needs the following information to quote the rider.

\*Estimated Number of participants by age groups: 9-under, 10-12, 13-15, 16-18, 19-over  
\_\_\_\_\_

\*Confirmation that the insured is sponsoring and supervising the event and they will be aware of who is at the event (i.e. not just open to the public)

Sponsor of Event:

Group: \_\_\_\_\_ Area: \_\_\_\_\_ Region: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Mailing address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

The Request MUST be submitted a minimum of 30 days prior to the event. Send email to [bod\\_insurance@arizona-na.org](mailto:bod_insurance@arizona-na.org). Attach the Request to the email. This is also the contact for any questions regarding the request.