

Insurance Request Form

YOU MUST DOWNLOAD THE CURRENT ADOBE READER TO USE THIS FORM. GO TO www.adobe.com TO DOWNLOAD THE READER.

Southeastern Arizona NA Board of Directors
BOD_Insurance@natucson.org

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: _____ Committee _____

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@natucson.org . Attach the Request to the email. This is also the contact for any questions regarding the request.