Intergroup Central Office
Of North County San Diego
1020 S. Santa Fe Ave Suite B
Vista, Ca. 92083
Ph. (760) 758-2514 Email: ***manager@ncsandiegoaa.org***

Insured: THE NORTH COUNTY INTERGROUP ASSOCIATION OF AA

Policy Number: NPP1558609J

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

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:_____

We will submit the application and the Certificate of Insurance will be sent directly to your landlord and a copy to the group. If we receive the application after the renewal start date we will bill for the prorated term. Payment can be made by cash or check made payable to the **North County Central Office (NCIAA)** and can be mailed to the address above or dropped off**. Please memo insurance.** Upon renewal of the Certificate of Insurance $100 will be due sorry – no exceptions.

I understand that the insurance being applied for will insure the location only. Group has no insurance under this policy. If a group wants liability coverage, we will need to obtain a separate policy. Please initial and date:

Initial: _____ ***Date***_____