

Additional Insured Certificate Request

Submitted to:
Sonoma County Intergroup Fellowship (SCIF)
750 Mendocino Avenue, Suite 10
Santa Rosa, CA 95401
707-546-2066
aasonoma@sonic.net

Please complete ALL questions and submit this application to the address listed above, along with the administrative fee of \$50 payable to SCIF. Please note that this request form does not automatically bind coverage for the additional insured being requested.

We will submit the application to our insurance carrier and a Certificate will be mailed directly to your landlord, with a copy to SCIF. The contact person listed on the application will be notified by SCIF when we receive a copy of the Certificate.

It is the responsibility of each group to maintain current contact information with SCIF at all times. Updated information can be sent to aasonoma@sonic.net with "Group Insurance" in the subject line. The administrative fee is valid for the remainder of the term policy.

1. **Name** (as it must legally appear on the Certificate) and **address of landlord.**

2. **Landlord's contact person:**

Name: _____

Phone: _____

Email: _____

3. **AA Group/Meeting Information:**

Group Name (as it appears on schedule): _____

Address: _____

Contact Name: _____

Please keep current with SCIF at all times

Contact Phone and Email: _____

4. Number of meetings per week at this location _____