

CNIA DISTRICT 30

Insurance Certificate Application Form

Complete this form and send to the District 30 Insurance Co-Ordinator. The District 30 Insurance Co-Ordinator will forward to our insurance company. Our insurance carrier will send an electronic copy of the Certificate of Insurance Coverage to the District 30 Insurance Co-Ordinator who will forward it via email or mail to the person submitting the request. Whenever possible, please submit form 3 weeks in advance of deadline and allow at least 5 business days for response.

Name and Address of person/entity to whom certificate should be issued:

Name of Venue/Meeting Location and Address (if different than certificate holder):

When there are multiple meetings at a location, only one certificate for that location is required.

The following information will be kept confidential and will only be used by the District 30 Insurance Co-Ordinator if there is a question or follow-up is necessary. **Note: Only Registered Groups are eligible for insurance coverage. The insurance carrier cannot issue a certificate without a G.S.O. #**

Full Name of Person and Contact Information for Person Submitting Request:

Group Name:

Meeting Day(s):

Meeting Time:
(Start-End)

Group GSO #:

Please return completed application form to:

By mail to: CNIA District 30, PO Box 43, Murphys, CA. 95247

By email (scanned full size as a .pdf) to: suzeq79@att.net