



**Northern California Regional Service Office  
of Narcotics Anonymous**

# **NCRSO SPECIAL EVENT INSURANCE PACKET**

**Includes: NCRSO Insurance Information  
NCRSO Insurance FAQ's  
NCRSO Request for Insurance Certificate  
Special Event Questionnaire  
Supplemental Application  
NCRSO Waiver Form**

*Please feel free to make copies of any documents contained within this packet*

1820 Walters Court, Suite A-1 Fairfield CA 94533

Phone: 707-422-9234 Fax: 707-422-9128

[www.norcalna.org](http://www.norcalna.org)

# Insurance Information

## Special Events

When Narcotics Anonymous (NA) members have an event that is not simply a recovery meeting and/or it is not included in the local NA schedule; or goes over the maximum amount of attendees allowed by NCRSO's policy (currently 900 attendees); or goes on for an extended period of time (more than one day), it is required to advise the NCRSO Special Worker, who will then discuss it with the insurance company so that a determination can be made regarding the need for any further coverage. A standard recovery meeting is daily, weekly, biweekly, or monthly and is included in the local NA schedule.

### Special events are typically defined as follows:

- Events such as, but not limited to, dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, softball games, unity days, area conventions, and holiday marathons.

**The nature of some events may not allow for coverage under the standard regional insurance policy and may require a separate policy at the event's cost.**

These policies may cost a significant amount of money. Fees are based on:

1. Number of attendees.
2. Type of adventurous events such as, but not limited, those involving water (surfing, boating, and canoeing), motorcycles, roller or ice skating, and hiking.
3. Length of time, depending on amount of attendees.

The special event group is reminded that they can pursue separate coverage for these special events; however, the insurance brokerage that is used by NCRSO will also provide this service under the following conditions:

1. Completion and submission of a Request for Insurance Certificate, Supplemental Application, and Special Event Questionnaire, along with appropriate payment to NCRSO, made payable to NCRSO. Copies enclosed this in packet.

### **Please submit payment at least 30 days prior to the event. The processing fees are:**

- If the forms are received 30 days or more prior to the event, a payment of \$25 is required with the forms.
- If the forms are received LESS than 30 days prior to the event, an "expediting fee" of \$25 will be added to the \$25 certificate fee, for a total of \$50.
- If the forms are received LESS than 15 days prior to the event, an "expediting fee" of \$50 will be added to the \$25 certificate fee, for a total of \$75.

Payment of any additional expediting fees will be required before the event.

## Child Supervision

NCRSO's insurance company understands that there is sometimes a need for Child Supervision while members are attending events. If the event requires and/or needs Child Supervision, the following are suggestions:

1. The ratio should be one Child Supervision volunteer (individual must be over 18 years old) to every four children, but should never be less than two Child Supervision volunteers.
2. Child Supervision volunteers should not feed child(ren).
3. Child Supervision volunteers should not change diapers or assist the child(ren) in the restroom.
4. If an event will be longer than one hour, the parent/guardian is required to check on the child(ren) and take them to the restroom.
5. Controls need to be implemented so that a stranger cannot come in and take the child(ren). A form should be

signed by the parent/guardian, indicating the child(ren)'s name and the drop off time. When parent/guardian pick up the child(ren), the form is signed again with the time that the child(ren) are picked up.

6. A document is given to the parent/guardian indicating that NA does not provide any food and drinks, and the Child Supervision volunteer does not change diapers or assist child(ren) in the restroom. Also note the one hour time limit for checking on the child(ren) and that the parent/guardian is required to return promptly after the event to pick up the child(ren). This is for the safety of the Child Supervision volunteer and the child(ren).
7. At least one Child Supervision volunteer must be trained in CPR, including infant CPR.

## **Pets Are Not Allowed**

NCRSO's policy DOES NOT provide coverage for pets of any kind at meetings. The only exception is if a person needs the assistance of a service animal as defined in the Americans with Disabilities Act (see below).

### **THE TEXT OF THE REVISED TITLE III REGULATIONS OF THE AMERICANS WITH DISABILITY ACT, Part 36 Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities (as amended by the final rule published on September 15, 2010) § 36.104 Definitions**

*Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.*

[http://www.ada.gov/regs2010/titleIII\\_2010/titleIII\\_2010\\_integrated.htm](http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_integrated.htm)

**The presence of ANY animal not meeting the ADA definition of "Service Animal" could cause a claim to be denied by NCRSO's insurance company.**

**Service Animal**... There are the two questions that can legally be asked. When it is not obvious what service an animal provides, only limited inquiries are allowed. The two questions are:

- (1) Is the dog a service animal required because of a disability?
- (2) What work or task has the dog been trained to perform?

Members cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

**By paying careful attention to the information provided in this document, groups can help ensure the financial welfare of Narcotics Anonymous by avoiding unnecessary legal conflicts.**

**Any insurance related questions left unanswered by this document should first be addressed by the area's (RCM) or the Regional Communications Coordinator (RCC). If they cannot answer the questions, the NCRSO Special Worker may be contacted via email at [ncrsow@norcalna.org](mailto:ncrsow@norcalna.org) or by telephone at (707) 422-9234.**

## *Frequently Asked Questions*

### ***1. Is insurance needed if the location of the special event already has insurance?***

No. If the event location's insurance covers the events and it can be used, then the event location's insurance should be used.

### ***2. If a special event and a meeting are combined, is insurance needed?***

Yes. The standard insurance certificate only covers regularly scheduled meetings. Additional insurance is required for special events.

### ***3. How much notice does the NCRSO need to process special insurance needs?***

At least 30 days.

*A suggestion: Take care of the insurance paperwork at the same time that the event is put on the Regional Calendar.*

### ***4. Is there a size limit for a meeting before it is considered a special event?***

Currently 900 attendees.

### ***5. What special events require special insurance?***

Any events such as, but not limited, to dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, unity day, and conventions. Basically, anything that is not a meeting and is called an NA event.

### ***6. Which form should be filled out for a special event?***

The Request for Certificate, Special Event Questionnaire Form, and Supplemental Application are to be submitted to the NCRSO Special Worker **via email at [ncrsosw@norcalna.org](mailto:ncrsosw@norcalna.org) or questions by telephone at (707) 422-9234.**

### ***7. What is the waiver?***

The waiver is a requirement of Philadelphia Insurance that must be filled out by those participating in special events, and this will be kept on file at the NCRSO for a period of two years following the event.

### ***8. If there are any questions after reading this packet, who can be contacted?***

Please contact **the area's RCM or the RCC first. If they cannot answer the questions the NCRSO Special Worker may be contacted via email at [ncsow@norcalna.org](mailto:ncsow@norcalna.org) or by telephone at (707) 422-9234.**

# Request For Event Insurance Certificate

## Northern California Region of Narcotics Anonymous

Today's Date:  Type of Event:

Legal Name of Facility:

Street Address:

City:  State: CA Zip:

Facility Contact Person:  Phone:

Day of Event:  Time of Event:  Number of people attending:   
(If meeting goes past midnight list another day i.e. 8pm-2am would be a 2 day event) (Include set-up through clean-up)

Sponsoring NA Body:  Area Hosting Event:

Contact Person the Event:  Full Name:

Address:

City:  Zip:  Phone:  Fax:

***This form may be filled out online, saved, and printed for mailing or faxing.***

After form is completely filled out, save it to a local drive, and then mail or fax to the NCRSO  
(The request will be processed upon receipt of document and payment).

- If the forms are received 30 days or more prior to the event, a payment of \$25 is required with the forms.
- If the forms are received LESS than 30 days prior to the event, an "expediting fee" of \$25 will be added to the \$25 certificate fee, for a total of \$50.
- If the forms are received LESS than 15 days prior to the event, an "expediting fee" of \$50 will be added to the \$25 certificate fee, for a total of \$75.

**Complete this form, save it, and mail (with payment) to:**

NCRSO Inc.  
1820 Walters Court, Suite A-1  
Fairfield, CA 94533  
Or Fax to 707-422-9128 for a returned call to pay by  
credit card Or email to the NCRSO Special Worker:  
[ncrsosw@norcalna.org](mailto:ncrsosw@norcalna.org)

**Please make check payable to NCRSO Inc.**

# INSURANCE COMPANY

## SPECIAL EVENT QUESTIONNAIRE

1. Name of your group/area: \_\_\_\_\_
2. Name of person at your group/area who is in charge of the event: \_\_\_\_\_
3. Dates event will be held: \_\_\_\_\_ Time: \_\_\_\_\_
4. Type of event & activities at your event: \_\_\_\_\_  
(Please include a flyer or brochure)
5. Where will the event take place? Include street address, if applicable: \_\_\_\_\_
6. What is your anticipated revenue for this event? \_\_\_\_\_
7. Number of volunteers & number of employees: \_\_\_\_\_
8. Number of people you anticipate will participate in this special event: \_\_\_\_\_
9. What is the cost of admission per person? \$ \_\_\_\_\_
10. Will you sell or serve food? Yes  No
11. Catered? Yes  No  (If Yes complete the following)
12. Are they hired by Insured Place event is being held? Yes  No
13. Certificate received by insured? Yes  No
14. Is Alcohol being served? Yes No  (If Yes complete the following)
15. ~~Are bartenders hired by Insured Place event is being held?~~ N/A
16. ~~Certificate received by insured?~~ N/A
17. ~~Are they trained in T.I.P.P.S.?~~ N/A  
~~How is the drinking limited?~~ N/A
18. Are tickets given out? Yes  No
19. Are lifeguards on duty? Yes  No  (If Yes complete the following)
20. Are they hired by Insured Place event is being held? Yes  No
21. Are the lifeguard certified? Yes  No  CPR trained? Yes  No
22. Certificate received by insured? Yes  No
23. Are sporting activities being played? Yes  No  (If Yes, complete the following):  
24. Which sport(s)? \_\_\_\_\_  
Are participants required to sign a waiver? Yes  No
25. Do participants have to show proof of personal health insurance? Yes  No
26. Are safeguards in place to prevent injury to spectators? Yes  No
27. Organizations or agencies which will need to be named as certificate holder and/or additional insured (such as city, county or building owner): Address of Certificate Holder: \_\_\_\_\_
28. Do we need to provide a certificate of insurance? Yes  No   
Are you sure the certificate holder needs to be named as an Additional Insured? Yes  No   
If so, give date by which certificate must reach this organization: \_\_\_\_\_

Special Remarks: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_



1. Description of event: \_\_\_\_\_

2. Date(s): \_\_\_\_\_

Times: \_\_\_\_\_

(Attach brochure or promotional materials if applicable)

Total number of attendees: \_\_\_\_\_ Number of attendees per day: \_\_\_\_\_

Total number of volunteers: \_\_\_\_\_ Number of volunteers per day: \_\_\_\_\_

Revenue generated:

Admission fees \$ \_\_\_\_\_

~~Liquors sales~~ N/A \_\_\_\_\_

Food sales \$ \_\_\_\_\_

Merchandise \$ \_\_\_\_\_

3. Is alcohol being served? No

If yes, by whom? N/A

~~Has server provided evidence of liquor liability insurance?~~ N/A

~~Is Liquor Liability coverage desired?~~ N/A

Name of Venue: N/A \_\_\_\_\_

Address of Venue: N/A \_\_\_\_\_

Seating: N/A \_\_\_\_\_

Capacity: N/A \_\_\_\_\_

Seating type: (permanent  grandstands  temporary bleacher

Number of exhibitors: N/A \_\_\_\_\_

Who is providing security at venue? N/A \_\_\_\_\_

If private firm, they must have insurance and name you as an Additional Insured.

Describe the safeguards in place to prevent injury to spectators: N/A \_\_\_\_\_

Describe first aid/medical arrangements: N/A \_\_\_\_\_

4. Is the event limited to venue grounds? Yes  No  If no, provide details

5. Swimming: Yes  No   
 Yes  No  Are certified lifeguards on duty?  
 Yes  No  Are they CPR trained?  
 Yes  No  Are certificates received by insured?

6. Athletic Events Yes  No   
 Yes  No  Is athletic participant coverage desired?

7. Performers Yes  No   
 If yes, please list all performers:

8. Are you required to provide certificates of insurance to any other entity? Yes  No   
 If yes, please provide names of certificate holders and their interest?

9. Is the Applicant required to provide certificates of insurance to any other entity? Yes  No   
 Yes  No  Are you required to name that entity as additional insured?  
 If yes, provide the names of all certificate holders and their interests:

10. Are any of the following present at the event?
- |  |   |  |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Amusement rides                   | Yes <input type="checkbox"/> No <input type="checkbox"/> Animal rides       | Yes <input type="checkbox"/> No <input type="checkbox"/> Balloon rides |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Circus Climbing Walls             | Yes <input type="checkbox"/> No <input type="checkbox"/> Demolition Derbies | Yes <input type="checkbox"/> No <input type="checkbox"/> Fireworks     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Food Vendors                      | Yes <input type="checkbox"/> No <input type="checkbox"/> Haunted Houses     | Yes <input type="checkbox"/> No <input type="checkbox"/> Hay rides     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Inflatables (bounce houses, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> Petting Zoos       | Yes <input type="checkbox"/> No <input type="checkbox"/> Tractor Pulls |

If yes please describe:

11. Other comments:



# FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO ALASKA RESIDENTS APPLICANTS: “A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.”

NOTICE TO ARKANSAS RESIDENT APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO ARIZONA RESIDENTS APPLICANTS: “FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO COLORADO RESIDENTS APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA RESIDENTS APPLICANTS: “ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY “MATERIALLY” FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.”

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE RESIDENTS APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

RESIDENTS OF MARYLAND APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

RESIDENTS OF MINNESOTA APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

RESIDENTS OF NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

RESIDENTS OF NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT

CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.” RESIDENTS OF NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

RESIDENTS OF OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

RESIDENTS OF OKLAHOMA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

RESIDENTS OF OREGON APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

RESIDENTS OF PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

RESIDENTS OF TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.” RESIDENTS OF VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

RESIDENTS OF WASHINGTON APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.”

RESIDENTS OF WEST VIRGINIA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**“FOR OFFICE USE ONLY**

\_\_\_\_\_ Insured Signature Date: \_\_\_\_\_  
Title

\_\_\_\_\_ Producer Signature Date: \_\_\_\_\_

# WAIVER FORM

The undersigned agree that in consideration of your acceptance of my involvement in this event, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release forever, any and all rights and claims or damages that I may accrue against Northern California Regional Service Office Narcotics Anonymous, Narcotics Anonymous meetings, and any and all persons or places involved in this event, their successors, representatives, and assigns, for any and all injuries suffered by myself (or my child if I am signing for them) while participating in this event. I further state that by signing this waiver, I do swear that I am 18 years of age or older.

Please sign prior to the event

Event name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event address: \_\_\_\_\_ City \_\_\_\_\_ CA Zip \_\_\_\_\_

PLEASE PRINT & SIGN BELOW:	
Print First & Last Name Here	Sign First & Last Name Here
1	1
2	2
3	3
4	4
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11	11
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22	22

This completed document must be sent to the NCRSO via email, fax, or mail to the address listed below. The form will be kept on file for two years following the event.

Mail, fax, or email this form to:

**Northern California Regional Service Office**

**1820 Walters Court, Suite A-1, Fairfield, CA 94533**

**NCRSO Special Worker Email: [ncrsosw@norcalna.org](mailto:ncrsosw@norcalna.org) Fax: 707 422-9128**