

# R V NUCCIO & ASSOCIATES INC.

SPECIALTY INSURANCE PROGRAMS AND PLACEMENTS

## NONPROFIT ORGANIZATION ADDITIONAL INSURED CERTIFICATE REQUEST FORM

### PART A DESCRIPTION

Occasionally, someone will ask that they be **added to** your General Liability insurance policy as an Additional Insured, or that they be **named** as an Additional Insured onto your General Liability insurance policy. This usually occurs when you are having some type of meeting or event in a building or upon property that your Organization does not own, such as a church, bank or community center. This church, bank or community center is known as the "facility". The practice of a facility requiring that they be named as an Additional Insured on a \$1,000,000 General Liability insurance policy by all persons or entities renting or using the site, is quite common. This insurance industry practice is a well known and proven method of Loss Control or Risk Transfer from the standpoint and to the benefit of the facility. It is so common that the **Additional Insured wording** is usually contained within the insurance requirement section of the Facility Rental Agreement or Facility Use Agreement. It is important that when you complete this request form, that you get this Additional Insurance wording exactly correct. Otherwise, the facility will not accept the Additional Insurance Certificate that we provide to you which, in turn, you provide to the facility as proof of insurance. Please, get it right the first time.

### PART B INSTRUCTIONS TO PURCHASE

01. If you are a Broker, this is **not** the correct form. Go to the Broker section at [www.rvnuccio.com](http://www.rvnuccio.com) and use the Broker Additional Insured Request Form. Your request will be automatically denied if you do not use the Broker form. This form is for direct clients only.
02. Please print clearly.
03. Allow at least **10 days** to obtain your Additional Insured Certificate.
04. Complete all parts of this Request Form. If any information is missing, we cannot process your request.
05. Send payment **check** and **completed Request Form** (pages 1, 2, 3 and 4) to:  
R.V. Nuccio & Associates, Inc.  
10148 Riverside Drive  
Toluca Lake, CA 91602
05. Make payment check (\$25 for each Additional Insured) payable to **R.V. Nuccio & Associates, Inc.**
06. For questions, call R.V. Nuccio & Associates, Inc. at 1-818-980-1413.

### PART C GENERAL INFORMATION

01. Chapter Name: \_\_\_\_\_  
Name of Chapter
02. Chapter Contact Name: \_\_\_\_\_  
First M.I. Last
03. Chapter Contact Address: \_\_\_\_\_  
Street City State Zip
04. Chapter Contact Home Phone: \_\_\_\_\_  
Area Code Number
05. Chapter Contact Work Phone: \_\_\_\_\_  
Area Code Number
06. Chapter Contact Fax: \_\_\_\_\_  
Area Code Number
07. Chapter Contact E-Mail: \_\_\_\_\_  
E-Mail Address

11/17/2006  
NAAO016A  
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**R.V. Nuccio & Associates, Inc. 10148 Riverside Drive Toluca Lake CA 91602 1-818-980-1413**

**PART D ADDITIONAL INSURED INFORMATION**

**01. Additional Insured #01**

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_

Area Code Number

Fax: \_\_\_\_\_

Area Code Number

E-Mail Address: \_\_\_\_\_

E-Mail Address

Event Type: \_\_\_\_\_

Type of Event

Event Description: \_\_\_\_\_

Brief Description of Event

Description

Description

Description

Event Date(s): \_\_\_\_\_

Date(s) Event will be held

Event Time(s): \_\_\_\_\_

Time(s) Event will be held

**02. Additional Insured #02**

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_

Area Code Number

Fax: \_\_\_\_\_

Area Code Number

E-Mail Address: \_\_\_\_\_

E-Mail Address

Event Type: \_\_\_\_\_

Type of Event

Event Description: \_\_\_\_\_

Brief Description of Event

Description

Description

Description

Event Date(s): \_\_\_\_\_

Date(s) Event will be held

Event Time(s): \_\_\_\_\_

Time(s) Event will be held

03. **Additional Insured #03**

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_  
Area Code Number  
Fax: \_\_\_\_\_  
Area Code Number  
E-Mail Address: \_\_\_\_\_  
E-Mail Address  
Event Type: \_\_\_\_\_  
Type of Event  
Event Description: \_\_\_\_\_  
Brief Description of Event  
\_\_\_\_\_  
Description  
\_\_\_\_\_  
Description  
\_\_\_\_\_  
Description  
Event Date(s): \_\_\_\_\_  
Date(s) Event will be held  
Event Time(s): \_\_\_\_\_  
Time(s) Event will be held

04. **Additional Insured #04**

Name or Wording: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_  
Area Code Number  
Fax: \_\_\_\_\_  
Area Code Number  
E-Mail Address: \_\_\_\_\_  
E-Mail Address  
Event Type: \_\_\_\_\_  
Type of Event  
Event Description: \_\_\_\_\_  
Brief Description of Event  
\_\_\_\_\_  
Description  
\_\_\_\_\_  
Description  
\_\_\_\_\_  
Description  
Event Date(s): \_\_\_\_\_  
Date(s) Event will be held  
Event Time(s): \_\_\_\_\_  
Time(s) Event will be held

**PART E AMOUNT TO PAY**

$$\frac{\quad}{\text{Total number of Additional Insureds}} \times \$25.00 \text{ each} = \frac{\quad}{\text{Pay this amount}}$$

**PART F SPECIAL NOTES**

- 01. For information about what is and is not covered and activities you should or should not do, refer to the **Nonprofit Organization Insurance Program Summary** available at [www.rvnuccio.com](http://www.rvnuccio.com).
- 02. All premiums and fees are fully earned at inception.
- 03. Coverage is not in force until the Additional Insured has been accepted and an Additional Insured Certificate of Insurance has been issued by R.V. Nuccio & Associates, Inc. only.
- 04. R.V. Nuccio & Associates, Inc. reserves the right to accept or reject any application for insurance and/or additional insured request.

**Exclusive National Program Administrator:**  
R.V. Nuccio & Associates Insurance Brokers, Inc.  
10148 Riverside Drive  
Toluca Lake, CA 91602  
1-818-980-1413 Phone  
1-818-980-1595 Fax

Insured By:  
**FIREMAN'S FUND INSURANCE COMPANY**

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|---|---|-----------------------|
| <b>R.V. Nuccio &amp; Associates, Inc.</b> | <b>10148 Riverside Drive Toluca Lake CA 91602</b> | <b>1-818-980-1413</b> |
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