

R.V. NUCCIO & ASSOCIATES INC.

SPECIALTY INSURANCE PROGRAMS AND PLACEMENTS

NONPROFIT ORGANIZATION ADDITIONAL INSURED CERTIFICATE REQUEST FORM BROKER APPLICATION

PART A BROKER INSTRUCTIONS

01. You **DO NOT** have binding authority. Each Request Form must be submitted for approval.
02. If any information is missing or if the Request Form is not legible, your request for an Additional Insured is automatically **DENIED** and you will have to re-apply.
03. Submit the following documents to R.V. Nuccio & Associates, Inc.:
 - a. This Broker Information page 1; and
 - b. The completed Additional Insured Request Form pages 2, and 3; and 4
 - c. Your net agency trust check exactly equal to 90% of the total cost. You retain a 10% commission. Make your trust check payable to (\$25 for each Additional Insured):
R.V. Nuccio & Associates, Inc.
10148 Riverside Drive
Toluca Lake, CA 91602

PART B BROKER INFORMATION

01. Broker Company Name: _____
Insurance Brokerage Firm Name

02. Broker Contact Name: _____
First M.I. Last

03. Broker Company Address: _____
Street City State Zip

04. Broker Phone Number: _____
Area Code Number

05. Broker Fax Number: _____
Area Code Number

06. Broker License Number: _____
License Number State

PART C IMPORTANT NOTES

01. **DO NOT** issue an Additional Insured Certificate to your client until you have received an Additional Insured Certificate from R.V. Nuccio & Associates, Inc. Requests to add an Additional Insured are oftentimes denied. Allow **10** days to receive your Certificate.
02. Any pricing information is subject to change without notice.
03. R.V. Nuccio & Associates, Inc. reserves the right to accept or reject any application for insurance and/or additional insured request.
04. The Additional Insured Certificate of Insurance will not be issued until it has been approved and the full and correct payment has been received by R.V. Nuccio & Associates, Inc.
05. Only R.V. Nuccio & Associates, Inc. has the authority to bind any coverage under the policy. You **DO NOT** have any authority to bind any coverage.
06. R.V. Nuccio & Associates, Inc. maintains the actual policy. Any participating Broker will receive a Certificate of Insurance only. All premiums and fees are **fully earned** at inception.

11/17/2006
NAAO017A
© 2006 R.V. Nuccio & Associates, Inc. All rights reserved.

R.V. Nuccio & Associates, Inc. 10148 Riverside Drive Toluca Lake CA 91602 1-818-980-1413

PART D 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

PART E 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 F AMOUNT TO PAY

_____ X (\$25.00 each) X (0.90) = \$ _____
 Total number of Additional Insureds **Pay this amount**

Exclusive National Program Administrator:
 R.V. Nuccio & Associates Insurance Brokers, Inc.
 10148 Riverside Drive
 Toluca Lake, CA 91602
 1-818-980-1413 Phone
 1-181-980-1595 Fax

Insured By:
FIREMAN'S FUND INSURANCE COMPANY

11/17/2006
 NAAO017A
 © 2006 R.V. Nuccio & Associates, Inc. All rights reserved.

R.V. Nuccio & Associates, Inc.	10148 Riverside Drive Toluca Lake CA 91602	1-818-980-1413
---	---	-----------------------