

R.V. NUCCIO & ASSOCIATES INC.

SPECIALTY INSURANCE PROGRAMS AND PLACEMENTS

PTA

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, 3 and 4.

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.

08/23/2006
NPTA009
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R.V. NUCCIO & ASSOCIATES, INC. 10148 RIVERSIDE DR. TOLUCA LAKE CA 91602 1-800-567-2685

PART D GENERAL INFORMATION

01. PTA Name: _____
PTA Unit Name

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

03. PTA Contact Address: _____
Street City State Zip

04. PTA Unit Contact Home Phone: _____
Area Code Number

05. PTA Unit Contact Work Phone: _____
Area Code Number

06. PTA Unit Contact Fax: _____
Area Code Number

07. PTA Unit Contact E-Mail: _____
E-Mail Address

08. PTA Unit School Name: _____
School Name

09. PTA Unit School Address: _____
Street City State Zip

10. PTA Unit School Phone: _____
Area Code Number

11. PTA Unit School Fax: _____
Area Code Number

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

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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

Description
Event Date(s): _____
Date(s) Event will be held
Event Time(s): _____
Time(s) Event will be held

Exclusive National Program Administrator:
R. V. Nuccio & Associates Insurance Brokers, Inc.
10148 Riverside Drive
Toluca Lake, CA 91602
1-800-567-2685 Phone
1-818-980-1595 Fax

Insured By:
FIREMAN'S FUND INSURANCE COMPANY

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