

R V NUCCIO & ASSOCIATES INC.

SPECIALTY INSURANCE PROGRAMS AND PLACEMENTS

SCHOLARSHIP FOUNDATION 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 Scholarship Foundation does not own, such as a school, bank or community center. This school, 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. Please print clearly.
02. Allow at least **10 days** to obtain your Additional Insured Certificate.
03. Complete all parts of this Request Form. If any information is missing, we cannot process your request.
04. Send payment **check** and **completed Request Form** (pages 1, 2 and 3) 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 1-800-567-2685.

PART C GENERAL INFORMATION

01. Foundation Name: _____
Scholarship Foundation Name
02. Foundation Contact Name: _____
First M.I. Last
03. Foundation Contact Address: _____
Street City State Zip
04. Foundation Contact Home Phone: _____
Area Code Number
05. Foundation Contact Work Phone: _____
Area Code Number
06. Foundation Contact Fax: _____
Area Code Number
07. Foundation Contact E-Mail: _____
E-Mail Address
08. Foundation School Name: _____
School Name

8/26/08
NANPO123A
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R.V. NUCCIO & ASSOCIATES, INC. 10148 RIVERSIDE DR. TOLUCA LAKE CA 91602 800-567-2685

09. Foundation School Address:

Street City State Zip

10. Foundation School Phone:

Area Code Number

11. Foundation School Fax:

Area Code Number

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

$$\frac{\text{Total number of Additional Insured's}}{\text{Total number of Additional Insured's}} \times \$25.00 \text{ each} = \frac{\text{Pay this amount}}{\text{Pay this amount}}$$

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 **School Support Group Insurance Program Summary And Loss Control Guide** available at <http://www.rvnuccio.com/scholarship-foundation.html>. Read all about it.
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
1-800-567-2685 Phone
1-818-980-1595 Fax

Insured By:

FIREMAN'S FUND INSURANCE COMPANY

8/26/2008
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