

**Palm Coast Area of Narcotics Anonymous / PCASC, Inc.
Proof of Insurance Request Form**

Often times a facility will ask for proof of liability insurance coverage. In most cases, a Certificate of Insurance issued by the insurer is all that is required. This certificate provides the facility with proof of insurance coverage and the amount of coverage from the insurance company. Sometimes, the facility requires that they be named on the Certificate of Insurance as an "Additional Insured" so that any claims against the facility that arises from your use will be covered (to the extent the insurance policy allows).

Palm Coast Area NA groups and activities are covered by the general liability insurance policy held by PCASC, Inc. To request a certificate for a Palm Coast NA group or committee meeting or event, please fill out this form and return it to bod@palmcoastna.org.

Group or committee name: _____

Contact person name: _____

Contact person position: _____

Contact person phone: _____ **Email:** _____

Facility/Entity full legal name: (Ask the facility/entity to provide this information. For example, a meeting is held in XYZ Park, but the legal entity The City of ABC): _____

Facility/Entity full address: _____

Facility/Entity contact person: _____

Phone: _____ **Email:** _____

If the facility/entity asks to be named as Additional Insured, provide specific wording and/or endorsements to be stated on the certificate (have facility/entity provide in writing):

IF FACILITY/ENTITY MUST BE NAMED ADDITIONAL INSURED, YOU MUST PROVIDE A COPY OF YOUR WRITTEN AGREEMENT WITH THE FACILITY/ENTITY (LEASE, CONTRACT, ETC.) THAT STATES THE REQUIREMENT TO PROVIDE INSURANCE COVERAGE.
