N.C.R.S.O., INC.
NORTHERN CALIFORNIA REGIONAL SERVICE OFFICE

NCRSO
INSURANCE
PACKET

Includes:  NCRSO Insurance Information
          NCRSO Insurance FAQ’s
          NCRSO Waiver Form
          NCRSO Request for Insurance Certificate
          Special Event Questionnaire

Please feel free to make copies of any documents contained within this packet

Revised and approved 7/2007
N.C.R.S.O., INC.
NORTHERN CALIFORNIA REGIONAL SERVICE OFFICE

INSURANCE INFORMATION

MEETING/EVENT COVERAGE

The NCRSO insurance policy provides liability coverage in and directly around meetings of Narcotics Anonymous for up to 900 persons *for the duration of the meeting.*

A meeting/event is covered as long as it is considered to be a standard meeting (monthly, bi-weekly, weekly) etc. and/or it is included in the local NA schedule.

If an event or meeting falls outside this category, you are required to advise the NCRSO special worker who will then discuss it with the insurance company so a determination can be made regarding the need for any further coverage.

Events and/or meetings that may fall outside of our insurance coverage could be:

- “Fun” or “special” events such as but not limited to dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, softball games, unity days, area conventions, holiday marathons.

Please be advised that when any of these events are being done in conjunction with a meeting(s), you will need to advise the NCRSO Special Worker who will contact our insurance company to ensure that we are in compliance with coverage.

In the case of sporting events connected to meetings, it is required that each participant sign a Waiver. The signed waivers should be sent to the RSO to keep on file for a period of 2 years. (Copy enclosed in this packet)

If your meeting is listed in a schedule and is attended by less than 900 people, it is automatically covered by the regional insurance policy *for the duration of the meeting.* There is no need to provide proof of insurance *unless it is required and requested by the facility.* Many times facilities have their own insurance coverage and that is good enough for them. It is *not* suggested that a group volunteer proof of the regional insurance coverage. It *is* suggested that it be provided only if requested by the facility.

If the facility requests Proof of Insurance the group can contact the NCRSO Special Worker (707-422-9234) by phone or email and they will be provided the appropriate documentation free of charge.
If the facility wants to be named on the Proof of Insurance document. A “Request for Certificate” document must be completed and submitted 30 days in advance to the RSO along with payment of $15.00. (Copy enclosed in this packet) Any request that are received less than 30 days before the event will be charged an expediting fee of $25.00, Any requests that are received less than 15 days before the event will be charged an expediting fee of $50.00. These expediting fees do not include the $15.00 “Request for Certificate” fees.

* “Duration of the meeting” means that we are covered from set-up to the time when people leave the door. At times, people “hang around” after the meeting to socialize. If something were to happen during that time frame and a claim was submitted, the insurance company would determine if the accident/injury/liability were related to attending the meeting. Claims are taken on a case-by-case basis.

### SPECIAL EVENTS

Special events are typically defined as follows:

Anytime we have an event that is not simply a recovery meeting, or goes over the maximum amount of people allowed by our policy (currently 900), or goes on for an extended period of time, (more then one day).

*These conditions do not allow for coverage by the regional insurance policy and must be covered by an extra policy.*

Groups are reminded that they can pursue their own coverage for these special events. However the insurance brokerage used by the NCRSO will also provide this service under the following conditions:

1. Completion and submission of a Special Event Questionnaire. (Copy enclosed in this packet). This completed form is to be submitted to the NCRSO Special Office Worker.
2. Please submit at least 30 prior to event.
3. “Up front payment of any required fees”. **The broker will not submit the paperwork to the insurance provider without being paid in advance.**

These policies typically cost a significant amount of money. Fees are based on:

1. Number of attendees.
2. Type of event – especially if it’s not just a meeting.
3. Length of time, depending on amount of attendees.
CHILDCARE AT MEETINGS/EVENTS

Children (with an adult) are covered while in attendance at meetings.

The insurance company understands that there is sometimes a need for babysitters while members are attending meetings. If you are to have babysitters:

1. The ratio should be one adult (person over 18) to every 4 children.
2. There should always be 2 adults babysitting, even if there are less then 4 children being watched.
3. No babysitters should feed, change diapers, or assist in the restroom.
4. If a meeting will be longer then one hour, the parent/adult is required to check on the child, take them to the bathroom, etc.
5. Controls need to be implemented so that a stranger can not come in and walk off with someone’s child. I.e.: a form should be signed by the parents, indicating the child’s name and time dropped off. When they pick up the child, the form should be signed again with the time they picked up the child.
6. There needs to be at least one babysitter trained in CPR at all times watching over the children.
7. A printout should be given to the parent/adult indicating that NA does not provide any food/drinks and that they do not change diapers or take the children to the restroom. Also note the one hour time limit for checking on the child(ren) and that the parent/adult is required to return promptly after the meeting to collect the child. This is for the safety of the babysitters and the children.

PETS IN MEETINGS/EVENTS

Our policy does not cover this sort of activity. Under no circumstances should anyone be allowed to bring a pet to a meeting/event. The only exception to this rule is that the person needs the assistance from that animal (i.e. Seeing Eye dog) to attend the meeting.

Accompanying documents: Request for Certificate, Waiver Form, Insurance FAQ’s, Special Event Questionnaire

Any insurance related question left unanswered by this document can be addressed via email at rsosw@norcalna.org or to the NCRSO Special Office Worker at (707) 422-9234.

By paying careful attention to the information provided in this document groups can help insure the financial welfare of Narcotics Anonymous by avoiding unnecessary legal conflicts.
Today’s Date: ______________

Request for Insurance Certificate
For Northern California Region of NA

Event Name/Type: __________________________________________________________

Legal Name of Facility: _____________________________________________________

Street Address: ___________________________________________________________

City, State, Zip: ___________________________________________________________

Facility Contact Person & Phone #: _________________________________________

Dates of event: ___________________________________________________________
(if event goes past midnight list another day – i.e. 8pm – 2am would be a 2 day event)

Time of event (include set-up through clean-up): _____________________________

Number of people attending: ______________________________________________

Group/Area Hosting Event: ________________________________________________

Please check one:

_____Certificate only (This lets facility know we, NA, have insurance)

_____Additional named (Facility name on certificate) include 15.00 when submitting this form. Certificate will not be ordered until money received.

Contact Person for the Event:

Full Name: _______________________________________________________________

Address: ________________________________________________________________

City, Zip: _______________________________________________________________

Phone #: __________________________ Fax #: ________________________________

After form is completely filled out you may mail or fax to:
INSURANCE COMPANY
SPECIAL EVENT QUESTIONNAIRE

1. Name of your organization _______________________________________________________
   Policy No. or Account No. _______________________________________________________

2. Name of person at your organization who is in charge of the event: __________________________

3. Dates event will be held: __________________________ Time: __________________________

4. Description, Type of event to be sponsored: ____________________________________________
   Activities (details- flier, brochure, etc.): ____________________________________________

5. Where will the event take place? Include street address, if applicable: __________________________

6. What is your anticipated Revenue generated for this event? __________________________

7. Number of Volunteers __________________________ Number of Employees __________________________

8. Number of people you anticipate will participate in this special event: __________________________
   What is the cost of admission per person? __________________________

9. Will you sell or serve food? __________ Yes __________ No
   Catered? __________ Yes __________ No (If Yes complete the following)
   Are they hired by __________ Insured __________ Place event is being held
   Certificate received by insured? __________ Yes __________ No

10. Is Alcohol being served? __________ Yes __________ No (If Yes complete the following)
    Are bartenders hired by __________ Insured __________ Place event is being held
    Certificate received by insured? __________ Yes __________ No
    How is the drinking limited? ____________________________________________
    Are tickets given out? __________ Yes __________ No

11. Are lifeguards on duty? __________ Yes __________ No (If Yes complete the following)
    Are they hired by __________ Insured __________ Place event is being held
    Are the lifeguard certified? __________ Yes __________ No
    CPR trained? __________ Yes __________ No

12. Are sporting activities being played? __________ Yes __________ No (If Yes complete the following)
    Which sport? ____________________________________________
    Are participants required to sign a waiver? __________ Yes __________ No
    Do participants have to show proof of personal health insurance? __________ Yes __________ No
    Are safeguards in place to prevent injury to spectators? __________ Yes __________ No

13. Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner):
    Address of Certificate Holder ____________________________________________
    Do we need to provide a certificate of insurance? __________ Yes __________ No
    Are you sure the Certificate holder needs to be named as an Additional Insured? __________ Yes __________ No
    If so, give date by which certificate must reach this organization ____________________________________________

14. Special Remarks: ____________________________________________

Signed by: __________________________ Date: __________________________
WAIVER FORM

The undersigned agree that in consideration of your acceptance of my involvement in this event, I, intending to be legally bound, hereby for myself, my heirs, executers and administrators, waive and release forever, any and all rights and claims or damages I may accrue against N.C.R.S.O., Narcotics Anonymous, Narcotics Anonymous meetings and any and all persons or places involved in this event, their successors, representatives and assigns, for any and all injuries suffered by myself (or my child if I am signing for them) while participating in this event. I further state that by signing this waiver, I do swear that I am 18 yrs. of age or older.

Please sign prior to the event

Event name:___________________________________________________________

Event address:_________________________________________________________

Event Date:__________________ Event Sponsor:________________________________

Please sign in below:

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This completed document should be mailed or faxed to the address listed below and will be kept on file for 2 yrs. following the event.

1820 WALTERS COURT, SUITE A-1 * FAIRFIELD, CA, 94533 * 707.422.9234 * FAX 707-422.9128
rsosw@norcalna.org                    WWW.NORCALNA.ORG
Insurance F.A.Q.s

1. Do I need insurance if the place that our event is being held at already has insurance?
   No. If their insurance covers your events and you are able to use it - use their insurance.

2. If we have an activity after a meeting, do we need insurance?
   Yes. Regional insurance only covers the meeting and only the duration of the meeting.

3. Is my meeting covered?
   If your meeting is listed in a schedule and is attended by 900 persons or less it is automatically covered by the regional insurance policy for the duration of the meeting.

4. How to I get “proof of insurance” for our meeting?
   If the facility requests such Proof of Insurance the group can contact the NCRSO Special Worker (707-422-9234) and will be provided the appropriate documentation free of charge.

5. What does the insurance covers in our meeting?
   The Regional policy provides liability coverage in and directly around meetings of Narcotics Anonymous, and only for the duration of the meeting.

6. How long of notice does the RSO need to process special insurance needs?
   30 days
   A suggestion: Take care of the insurance paperwork at the same time you put the event on the Regional Calendar.

8. Is there a size limit of a meeting before I need get special insurance?
   Currently it’s 900 people

9. Who do I contact to get my activity insured?
   The NCRSO Special Worker (707-422-9234)

10. Are there any forms to fill out?
    Special Event Questionnaire form is to be submitted to the NCRSO Special Office Worker.

11. What events do I need to get special insurance?
    Any “fun” or “special” events such as but not limited to dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, unity day, conventions. Basically, anything is not a meeting and is called a N.A. event.