



P.O. BOX 699 • Los Gatos, CA 95030
 Phone: (408) 395-7900 • Fax: (408) 395-3711
 Lic. #0680989

Additional Insured Certificate Request

Submitted through:

INTERGROUP CENTRAL OFFICE
 OF SANTA CLARA COUNTY, INC.
 274 E. Hamilton Ave., Suite D
 Campbell, CA 95008
 408-374-8511

Email: aasanjose@comcast.net
 Fax: 408-374-8420

Insured: INTERGROUP CENTRAL OFFICE OF SANTA CLARA COUNTY, INC.
 Policy Number: 201901753NPO

Please complete ALL questions. This request form does not automatically bind coverage for the additional insured being requested.

1. Name (*as it must legally appear on the Certificate*) and address of landlord.

2. Landlord's contact person:

Name: _____
 Phone: _____
 Email: _____
 Fax: _____

3. A.A. Group/Meeting information:

Group Name: _____
 Address: _____
 Contact Name: _____
Please keep a current name on file with Central Office at all times.
 Contact Address: _____
 Contact Phone: _____
 Contact Email: _____

4. Number of meetings per week at this location: _____

Please deliver this application to INTERGROUP CENTRAL OFFICE, together with the premium due, payable to **INTERGROUP CENTRAL OFFICE**. We will submit the application and a Certificate will be sent directly to your landlord, with a copy to Central Office. We cannot submit your application without full payment of the premium due; sorry – no exceptions.

**DO NOT DELIVER THIS APPLICATION TO THE INSURANCE COMPANY OR ITS AGENT DIRECTLY;
 NO CERTIFICATE WILL BE ISSUED.**