



Northern California Regional Service Office
of Narcotics Anonymous

NCRSO MEETING INSURANCE PACKET

**Includes: NCRSO Insurance Information
NCRSO Insurance FAQ
NCRSO Request for Insurance Certificate**

Available as pdf online at www.norcalna.org:

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

INSURANCE INFORMATION

Meeting 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*. It does not cover any area of the facility that is not required to access/attend/or leave the meeting.

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

If a meeting falls outside this category, you are required to advise the NCRSO Special Worker in writing who will then submit it to the insurance company for a written determination regarding the need for any further coverage.

A “meeting” does not include events such as dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, softball games, unity days, area conventions, holiday marathons, etc. These events are not covered as a meeting even when they are put on in conjunction with a regular meeting.

See Events Insurance packet

If your meeting is listed in a schedule and 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 requested by the facility. Many times facilities have their own insurance coverage and that is sufficient.

It is **not** suggested that a group volunteer provide proof of the regional insurance coverage. We suggest that proof on insurance be provided only if requested by the facility. *The duration of insurance coverage for each policy is June 1 of the current year until May 31 of the following year.*

PROOF (EVIDENCE) OF INSURANCE

If the facility requests Proof of Insurance, the Group (**Not the facility**) can request a copy from their Regional Committee Member (RCM) or the RSC Secretary at no charge, or complete the written **Request for Insurance Certificate** and mail to the address on the form with a copy of the area-meeting guide and a \$25.00 processing fee. The document can be provided via email, mail or fax.

REQUEST FOR CERTIFICATE

If the facility for a regularly scheduled meeting wants to be named on the Proof of Insurance, A **Request for Insurance Certificate** must be completed and submitted to the RSO along with the appropriate payment (**made payable to NCRSO**). The amount of the payment is based on how

Far in advance the document is requested (**Request form included in this packet**)

- If the form is received **30 days or more in advance for processing** – a payment of **\$25** is required with the form
- If the form is received **LESS than 30 days**–an “expediting fee” of **\$25** will be added to the **\$25** certificate fee, for a total of **\$50**
- If the form is received **LESS than 15 days**–an “expediting fee” of **\$50** will be added to the **\$25** certificate fee, for a total of **\$75**

**Meetings are covered from set-up through clean-up.*

BABYSITTING

The insurance company understands that there is sometimes a need for babysitting while members are attending meetings. In the event you must have babysitting the following is suggested:

1. The ratio should be one adult (person over 18) to every 4 children but should never be less than 2 adults.
2. No babysitter should feed, change diapers, or assist in the restroom.
3. If a meeting will be longer than one hour, the parent/adult is required to check on the child, take them to the bathroom, etc.
4. Controls need to be implemented so that a stranger cannot 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 is signed again with the time they picked up the child.
5. A document is given to the parent/adult indicating that NA does not provide any food/drinks and they do not change diapers or accompany 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 babysitter and the children.
6. At least one (1) babysitter trained in CPR should be watching over children at all times

PETS ARE NOT ALLOWED

Our policy DOES NOT provide coverage for pets of any kind at meetings. The only exception is if a person needs the assistance of a service animal as defined in the Americans with Disabilities Act (see below).

THE TEXT OF THE REVISED TITLE III REGULATIONS OF THE AMERICANS WITH DISABILITY ACT, Part 36 Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities (as amended by the final rule published on September 15, 2010) § 36.104 Definitions

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_integrated.htm

The presence of ANY animal not meeting the ADA definition of "Service Animal" could cause a claim to be denied by our insurance company.

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.

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

INSURANCE F.A.Q.S

- ***Do I need insurance if the place that our meeting is held at already has insurance?***
No. If their insurance covers the meeting, and you are able to use it - we should use their insurance.
- ***If we have an activity and meeting combined do we need insurance?***
Yes. The standard insurance certificate only covers regularly scheduled meetings. Additional insurance is required for activity/events.
- ***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*.
- ***How do I get “proof of insurance” for our meeting?***
If the facility requests Proof of Insurance, the Group (**NOT THE FACILITY**) can request a copy from their Regional Committee Member (RCM) or the RSC Secretary at no charge, or complete the written **Request for Insurance Certificate** and mail to the address on the form with a copy of the area-meeting guide and a \$25.00 processing fee. The document can be provided via email, mail or fax. Once payment has been received appropriate documentation will then be provided.
- ***What does the insurance cover 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*.
- ***How much notice does the RSO need to process special insurance needs?***
At least 30 days.
- ***Is there a size limit for a meeting before it is considered a special event?***
Currently it is 900 people.

**Meetings are covered from set-up through clean-up.*

Request For Insurance Certificate

Northern California Region of Narcotics Anonymous

* Required Field

*Today's Date: _____ Group Name: _____ Type of Mtg: _____

*Legal Name of Facility: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Facility Contact Person: _____ *Phone: _____

Day of meeting: _____

(If meeting goes past midnight list another day – i.e. 8PM – 2AM would be a 2 day event)

Time of meeting: _____

(Include set-up through clean up):

Number of people attending: _____ Area Hosting Meeting: _____

*Please check one:

Proof (Evidence) of Insurance without the facility named

(Free from your RCM, the RSC Secretary or \$25.00 through the NCRSO)

Request for Facility Named Certificate

(See price list under Request for Certificate)

*Contact Person for the meeting: _____

*Full Name: _____

*Address: _____

*City: _____ *Zip: _____ *Phone: _____ *Fax : _____

This form may be filled out online and printed for mailing or faxing.

After form is completely filled out mail or fax to the NCRSO

(request will be processed upon receipt of document and payment).

- If the form is received **30 days or more in advance for processing** – a payment of **\$25** is required with the form
- If the form is received **LESS than 30 days**—an “expediting fee” of **\$25** will be added to the **\$25** certificate fee, for a total of **\$50**
- If the form is received **LESS than 15 days**—an “expediting fee” of **\$50** will be added to the **\$25** certificate fee, for a total of **\$75**

Complete this form and mail (WITH PAYMENT) to:

NCRSO

1820 Walters Court, Suite A-1

Fairfield, CA 94533

Or Fax this form (IF NO PAYMENT IS REQUIRED) to: 707-422-9128

Please make check payable to NCRSO.