

# 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*

# 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.

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rsosw@norcalna.org \* [WWW.NORCALNA.ORG](http://WWW.NORCALNA.ORG)

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 \$20.00. (Copy enclosed in this packet)

All special events must complete the “Special Event Questionnaire” and pay a fee of \$25, even if the facility does not need to be named on the Proof of Insurance document. (Copy enclosed in this packet)

Any requests 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 \$20.00 “Request for Certificate” fees or the \$25 special event 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 than one day).

***These conditions may 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 may 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.

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## 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 than 4 children being watched.
3. No babysitters should feed, change diapers, or assist in the restroom.
4. 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.
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.

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**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](mailto: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.*

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# N.C.R.S.O., Inc.

## Northern California Regional service office

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 payment when submitting this form. Certificate will not be ordered until money received. (see page 2 for payment information)

Contact Person for the Event:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

After form is completely filled out you may mail or fax to:

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**INSURANCE COMPANY  
SPECIAL EVENT QUESTIONNAIRE**

1. Name of your group/area \_\_\_\_\_  
\_\_\_\_\_
2. Name of person at your group/area 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
11. 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  
Are they trained in T.I.P.S.? \_\_\_\_\_ Yes \_\_\_\_\_No  
How is the drinking limited? \_\_\_\_\_  
Are tickets given out? \_\_\_\_\_ Yes \_\_\_\_\_No
12. 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  
Certificate received by insured? \_\_\_\_\_
13. 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
14. 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 \_\_\_\_\_
15. Special Remarks: \_\_\_\_\_
- Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

# N.C.R.S.O., Inc.

## Northern California Regional service office

### 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, executors 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:

1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	
11.	12.	
13.	14.	
15.	16.	
17.	18.	
19.	20.	
21.	22.	
23.	24.	
25.	26.	
27.	28.	
29.	30.	

**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.**

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## NORTHERN CALIFORNIA REGIONAL SERVICE OFFICE

### 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?***

At least 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 and Request for Insurance Certificate Form are to be submitted to the NCRSO Special OfficeWorker.

***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.