

New Jersey Regional Service Conference of Narcotics Anonymous

Po Box 4257, Trenton, NJ 08610, (800) 992-0401 www.nanj.org

INSURANCE CERTIFICATE REQUEST

For a NJRSC Narcotics Anonymous Group Meeting

Insurance Policy # (Agency Number) NJREG-1

Name of RCM or GSR submitting request: _____

ASC _____

Telephone number of same: _____

MEETING LOCATION INFORMATION:

Date: _____

Group Name _____

Event/Type Narcotics Anonymous Group recovery meeting _____

Name of Facility _____

Street Address: _____

City, State, Zip _____

Facility Contact _____

Person _____

Phone #: _____

Date(s) of event: _____

Meeting Day: _____

Time of Event _____

Meeting Time: _____

Number of _____

People Attending: _____

Certificate only Yes

Additional No

Insured * _____

Contact Person of
the Event: _____

County: _____

Town: _____

**Additional Insured ((there is a \$25 charge for Additional Insured certificates))*

Please email the above requested Insurance Certificate to:

Njrsc-insurance@NANJ.org