



INSURANCE SERVICES CORP.

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: 201301753NPO

**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. 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.