



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio <b>PHONE (A/C, No. Ext):</b> (800) 364-2433 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com	<b>FAX (A/C, No):</b> (818) 980-1595
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Ventura County AIS/AI-Anon 5704 Skyview Way Unit B Agoura Hills, CA 91301	<b>INSURER A:</b> Fireman's Fund Insurance Company	<b>NAIC #</b> 21873
	<b>INSURER B:</b> Nationwide Life Insurance Company	66869
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XPK80990413 NAAO00032591	12/14/2018	12/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Robert V. Nuccio



## Applicant Information

Master Organization - NPO Chapters

Chapter Name	AI-Anon Family Group Headquarters, World Service Office
Contact First Name	Ventura County AIS/AI-Anon
Contact Last Name	Dani
Address	Forrest
City	5704 Skyview Way Unit B
State	Agoura Hills
Zip Code	CA
Phone	91301
E-Mail	310-383-1759
Website Address	danic1264@aol.com
Membership dues (Enter Dollar Amount)	0
Cash grants/gifts (Enter Dollar Amount)	3,000.00
Alcohol/Liquor Sales (Enter Dollar Amount)	0
Food/Non-Alcohol Beverage Sales (Enter Dollar Amount)	0
Bingo Games (Enter Dollar Amount)	0
Other Fund Raising Activities (Enter Dollar Amount)	0
Total Annual Revenues/Receipts	3000

## Underwriting

Does your Chapter own or co-own any real property, building, structure, premises, facility, land, vacant land or acreage?	No
Is your Chapter required by a written contract or agreement to manage the affairs and/or daily operations of any real property, building, structure, premises, facility, land, vacant land or acreage?	No
Is your Chapter required by a written rental agreement or written lease agreement to clean, repair or maintain any real property, building, structure, premises, facility, land, vacant land or acreage?	No
Does your Chapter have any activities, events or operations involving the use of live, popper or blank ammunition, guns, gun props, starter pistols or any other weapons of any type or kind?	No
Does your Organization have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your Organization; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and to which you might expect this insurance to also provide insurance coverage?	No
Does your Chapter or Club have any activities, events or operations involving the use of Snakes or Snake Aversion Training?	n/a
Does your Chapter or Club have any activities, events or operations involving Animal Rescue?	n/a
Does your Chapter or Club have any activities, events or operations involving security dog training, protective dog training, attack dog training, guard dog training, police dog training or military dog training?	n/a
How many days each year does your Chapter sponsor an activity or hold games, have meetings, gatherings or events of any type or kind?	62

## Coverages

Effective Date	12/14/2018
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000



Bonding Plus	No, I do not want to purchase this coverage
I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.	n/a
Directors and Officers Liability Plus	No, I do not want to purchase this coverage.
Est. Gross Receipts	3000
Would you like to add EPLI coverage to your Directors and Officers Liability coverage?	n/a
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
Do you understand and agree that if you misrepresent the Master Organization to which your local Auxiliary, Affiliate, Camp, Chapter, Club, Encampment, or Lodge belongs, it is a material misrepresentation which directly affects our decision to insure you, and that no coverage will be provided should a loss occur?	Yes
I agree that after diligent inquiry, neither I nor any of our Directors, Officers or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.	Yes
Do you understand and agree that any known or existing circumstances, conditions or situations which may give rise to a loss under this insurance will not be covered by the policy?	Yes
Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?	Yes
I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.	Yes
Name	Dani Forrest
Accepted Date	11/8/2018
Expiration Date	12/14/2019
Memorandum Number	NAAO00032591

**Additional Insureds**

# of Additional Insureds	0
Total Number of LossPayees	0



R.V. NUCCIO & ASSOCIATES, INC.

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## NONPROFIT INSURANCE RECEIPT

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### DATE PAID

12/13/2018

### INSURED INFORMATION

Insured Name: Ventura County AIS/Al-Anon  
Insured Address: 5704 Skyview Way Unit B  
Agoura Hills , CA 91301  
Insured Phone Number: 310-383-1759  
Insured Email Address: danic1264@aol.com  
Policy Period: 12/14/2018 12:01 AM to 12/14/2019 12:01 AM  
Commercial Package Policy Memorandum Number: NAAO00032591  
Directors & Officers Liability Policy Memorandum Number: Not Covered  
Accident Medical Policy Memorandum Number: Not Covered  
ID Number: 1337150

### POLICY INFORMATION

Commercial Package Policy	\$	315.00
Directors & Officers Liability Policy	\$	0.00
Accident Medical Policy	\$	0.00
<b>Total</b>	<b>\$</b>	<b>315.00</b>

### PAYMENT INFORMATION

- Paid By Credit Card Ending:  
 Paid By eCheck Account Ending:  
 Paid by Mail-In Check