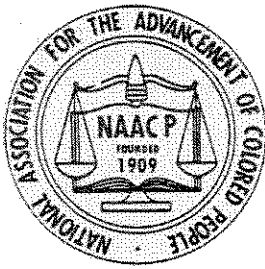


NAACP LEGAL DEPARTMENT
POLICY AND PROCEDURES FOR SUBMITTING REQUESTS FOR
CERTIFICATES OF INSURANCE

1. To obtain an insurance certificate for an event, the unit must complete the Special Event Application.
2. The unit must submit the application, along with event contracts and other relevant documents, to the Regional Director at least ten (10) days prior to the scheduled event and pay a processing fee of \$125.00 per insurance certificate.
3. The Regional Director will complete and sign the approval / disapproval section of the application and promptly forward it to the NAACP Legal Department. All inquiries should be addressed to the Regional Director.
4. The NAACP Legal Department will submit the request to the insurance broker, MARSH USA, Inc.
5. If you do not receive a prompt response to your request, please contact:

Lanita Ross
NAACP Legal Department
4805 Mount Hope Drive
Baltimore, Maryland 21215-3297
(410) 580-5795

6. Please be advised that the certificate of insurance only applies to the individual event described therein. However, units may apply for certificates of insurance to cover regular events, such as monthly meetings, for a specified period of time.
7. To further protect unit and National assets and to enable the NAACP to fulfill its mission, we strongly encourage all units to obtain and maintain their own individual insurance policies.



Special Event Application

MARSH

Branch Name:		Branch #:	
Contact person:			
Address:			
City and State:		Zip Code:	
Telephone #		Fax #	
Email address:			

The Event

Event Name			
Event Description			
Event Dates	To	Number of Days	
Event Times	To	Number of Hours	
Coverage Term	To	Limit Desired	\$
Coverage Type	<input type="checkbox"/> Claims made <input type="checkbox"/> Occurrence Based		
Existing Coverage	<input type="checkbox"/> No	<input type="checkbox"/> Yes Broker: _____ Carrier(s) : _____ Type(s) of Coverage: _____	
Venue/Facility Name		Capacity	

Venue/Facility Address	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
	Admissions/Attendance	Admissions Per Day	Total all Days
	# Tickets Printed	# Tickets sold to date	
Seating	<input type="checkbox"/> Permanent <input type="checkbox"/> Bleachers <input type="checkbox"/> Festival <input type="checkbox"/> General Admission <input type="checkbox"/> Reserved <input type="checkbox"/> Other (Describe)		

Liquor

Liquor Liability is needed:
 Yes No *If yes, advise type(s):* Beer Wine Full Bar

What are the anticipated Liquor receipts?

Wristbands Used Local liquor laws governing sales to minors/intoxicated are followed

Security

Name of Outside Security Firm:	
Outside Firm – # of Guards	
City Police – # of Officers	
Venue Employees # of Guards	
Other: Please Explain	

Protection

First Aid: City Paramedics Venue Staff None Number ____
Fire Protection: Extinguishers Municipal Volunteer

Parking

None Venue responsible Insured is responsible Patrolled by security

Vendors/Concessionaires

Attach a list of vendors and/or concessionaire booths along with a sample copy of the contract required by the applicant.

Type of concessions sold: _____

Estimated receipts: \$ _____

Outdoor Events

Is facility needed? Yes No *If yes, type:* _____

Does the event end prior to sundown? Yes No

If no, is there adequate lighting? Yes No

Are there any swimming pools, lakes or bodies of water? Yes No

Is swimming allowed? Yes No Life guard on duty? Yes No

Is water hazard fenced? Yes No Give details

Evacuation/Egris plan arranged with civilian authorities? Yes No

Overnight Camping? Yes No *If yes provide details, layout, security, etc.*

Adequate drinking water & portable toilets? Yes No

Responsibility chart

	N/A	Venue	Applicant	Promoter	Certs. Provided
Security					
Liquor					
First Aid					
Vendors					
Concessions					
Pyrotechnics					
Rides					
Live Animals					
Tents					
Bleachers					
Temporary Stage					
Temporary Lighting					
Stunts					

Has same event been held before? Yes No

If yes, have there been any losses? Yes No Attach details.

Name of previous carrier: _____

Required attachments:

- Copy of "rental agreement or venue contract"
- Copy of flyer, press release, advertising
- Facility diagram (outdoor events)
- Copies of certificates if applicant is responsible for security, rides, animals or pyrotechnics
- List of required additional insured(s)

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in a way as to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Contact Name: _____ Title: _____

Signature: _____ Date: _____

Regional Director's Approval

I hereby approve do not approve the unit's request.

Name: _____ Region _____

Signature: _____ Date: _____

Mail completed application and attachment to your Regional Director:

Mr. Jamal Watkins
jwatkins@naacpnet.org
 Region I Director
 4929 Wilshire Blvd. – Suite 360
 Los Angeles, CA 90010
 (323) 931-6331 (phone)
 (323) 931-9036 (fax)

Mrs. Hilda Rodgers
hrodders@naacpnet.org
 Region II Director
 39 Broadway – Suite 2201
 New York, NY 10006
 (212) 344-7474 x102 (phone)
 (212) 344-1212 (fax)

Mrs. Shirley Miles
Milesregion3@aol.com
 Region III Director
 17 Ford Avenue
 Highland Park, MI 48203
 (313) 869-3717 (phone)
 (313) 869-3763 (fax)

Rev. Gill Ford
Fordrevg@aol.com
 Region IV Director
 4477 Woodson Road
 Woodson Terrace, MO 63134
 (314) 428-9900 (phone)
 (314) 428-9904 (fax)

Rev. Charles White
whitejrcharles@aol.com
 Region V Director
 970 Martin Luther King Drive
 Suite 203
 Atlanta, GA 30314
 (404) 688-8868 (phone)
 (404) 524-3633 (fax)

Mr. Claude Foster
cfoster@naacpnet.org
 Region VI Director
 3003 S. Loop West
 Suite 500
 Houston, TX 77054
 (713) 662-2727 (phone)
 (713) 661-5982 (fax)

Mr. Ernest Coverson
ecoverson@naacpnet.org
 Region VII Director
 4805 Mount Hope Drive
 Baltimore, MD 21215
 (410) 580-5633 (phone)
 (410) 580-5773 (fax)

Official Use Only:

Authorization: _____