

MEETING SITE APPLICATION FORM

We hereby enroll for group membership in RECOVERSOURCE and apply for the Premises Liability Insurance coverage. Enclosed is a check of money order, made payable to:

RECOVERSOURCE @ PO BOX 309 GRAND RAPIDS, MN 55744

(Please Print)

NAME OF GROUP _____

ADDRESS OF MEETING SITE (Designated Premises)*

Street _____

City _____ State _____ Zip _____

*If group meets at more than one location, each site must be listed in order to be covered. Please include a sheet that lists all locations, including building owners and their address.

ESTIMATED NUMBER OF MEMBERS IN GROUP _____
(Does not affect insurance rate)

HOW OFTEN GROUP MEETS

- ONCE A WEEK
- OTHER (Specify) _____

CONTACT PERSON

Name(Last name Optional) _____

Telephone _____

MAILING ADDRESS FOR GROUP
(if different from meeting site address)

Street _____

City _____ State _____ Zip _____

BUILDING OWNERS NAME _____

Street _____

City _____ State _____ Zip _____