



MEETING SITE APPLICATION FORM

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

(Please Print)

NAME OF GROUP _____

CONTACT PERSON

Name (Last name optional) _____

Telephone number _____

MAILING ADDRESS FOR GROUP

(if different from meeting site address)

Street _____

City _____ State _____ ZIP _____

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 use the comments section or attach a separate sheet that lists all locations, including building owners and their addresses.

ESTIMATED NUMBER OF MEMBERS IN GROUP _____

(Does not affect insurance rate)

HOW OFTEN GROUP MEETS

ONCE A WEEK

OTHER (Specify) _____

Is childcare offered during meetings?

Yes No

Are you a Non Profit Corp, LLC or other Entity?

Yes No

E-mail This Form

gjs@gismn.com

Mail This Form

RecoverSource
PO Box 309
Grand Rapids, MN
55744

Fax This Form

218-999-0393

Questions?

1-800-851-4291



Organizations or agencies which will need to be named as certificate holder and/or Additional Insured including their interest in the meeting site (such as landlord or building owner)

Are you sure the certificate holder needs to be named as an Additional Insured?

Yes No

Address of certificate holder:

Name: _____

Street _____

City _____ State _____ ZIP _____

Additional Comments:

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