



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

(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 addresses.

ESTIMATED NUMBER OF MEMBERS IN GROUP _____

(Does not affect insurance rate)

HOW OFTEN GROUP MEETS

ONCE A WEEK

OTHER (Specify) _____

Is childcare offered durring meetings?

Yes No

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

Yes No

Organizations or agencies which will need to be named as Certified Holder and/or Additional Insured including their interest in the event (such as City or County or building owner)

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

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



greaterinsurance
SERVICE

CONTACT PERSON

Name (Last name optional) _____

Telephone number _____

MAILING ADDRESS FOR GROUP

(if different from meeting site address)

Street _____

City _____ State _____ ZIP _____

BUILDING OWNERS NAME _____

BUILDING OWNERS ADDRESS

Street _____

City _____ State _____ ZIP _____

Additional Comments:

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