

Insurance Program

For AA Groups

Ottawa Area Intergroup has been successful in negotiating a Group Insurance Program for AA Groups which are part of Ottawa Area Intergroup.

Many churches and other facilities require that a group provide proof of insurance coverage in order to hold their meetings.

Some facilities may offer to add your group as an additional insured on their policy in return for a fee. If this is the case, request a certificate showing that they have done so. But be aware that even if you have been provided coverage this way, it is not portable (if you move your meeting to another location, you can't take it with you).

Coverage under this Ottawa Area Intergroup Program is fully portable, and belongs to the individual group.

The Annual Premium FOR \$1,000,000 is \$50. Coverage provided is as follows:

Commercial General Liability, including:	Deductible	Limit
A. Bodily Injury & Property Damage	\$1,000	\$1,000,000 per occurrence/ \$1,000,000 aggregate limit
B. Personal Injury		\$1,000,000
C. Medical Expenses		\$10,000
D. Tenants Legal Liability	\$1,000	\$500,000

The Annual Premium for \$2,000,000 is \$100.

8% Provincial Sales Tax applies, so the payment for \$1,000,000 is \$54 and for \$2,000,000 is \$108.

PLEASE RETURN THIS APPLICATION FILLED OUT WITH YOUR CHEQUE TO:

Ottawa Area Intergroup, 211 Bronson Avenue, Suite # 108, Ottawa, Ontario, K1R 6H5

Ottawa Area Intergroup is an AA service office established pursuant to the Ninth Tradition of Alcoholics Anonymous to operate on behalf of participating groups in the Ottawa area. It performs functions best handled by a centralized office. The functions aid the groups in their common purpose of carrying the AA message to the alcoholic who still suffers.

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Co-operators General Insurance Company

OTTAWA AREA INTERGROUP OF ALCOHOLICS ANONYMOUS

APPLICATION / PREMIUM CALCULATION

Date Coverage Required: _____

Group Name: _____

Full Address of Meeting: _____

E-mail Address of Contact: _____

Date and Time of Meetings: _____

Is Confirmation of Insurance Required? _____

Does your facility require being named as an Additional Insured? (If yes, please provide mailing address if different from above)

**PLEASE ATTACH YOUR CHEQUE TO THIS APPLICATION, MADE PAYABLE TO
The Co-operators General Insurance Company.**

COVERAGE WILL NOT BE EFFECTIVE UNTIL PAYMENT HAS BEEN RECEIVED BY THE INSURER.

PREMIUM CALCULATION:

Limit of Liability Required:

\$2,000,000 _____ Annual Premium: \$100.00 plus 8% Sales Tax = \$108.00*

\$1,000,000 _____ Annual Premium: \$50.00 plus 8% Sales Tax = \$54.00*

*Payment must be received prior to Certificate being issued

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