



North Bay Schools Insurance Authority
Auxiliary Group Insurance Program

APPLICATION FOR COVERAGE/ RENEWAL 20__

This form is NOT to be used for 501(c)(3), Incorporated or Nationally Affiliated Organizations

Official Name of Individual School Organization
Name of School Name of School District
School Address City Zip Code
Organization Contact Person Title (President, Treasurer, etc.)
Contact Person's Mailing Address City Zip Code
Contact Phone (Day) Contact Phone (Eve) Contact Email Address

- 1. Approximate number of organization members:
2. Briefly describe purpose of group:
3. Group's activities include: Athletic Events, Carnivals, Concerts, Dinner Dances, Other
4. Approximate gross fund raising revenues in prior calendar year: \$
5. Does organization have written Bylaws specifying their purpose as a district/pupil support organization?
6. Is group recognized by district's school board as an organized school district support organization?
7. Does group sponsor events where: Alcohol is served? Alcohol is sold?
If yes, please describe events:

Name of Organization:
By: Title: Date:

If you have any questions, please call (707) 428-1830 ext 103 or 104

Please send your completed application to:

NBSIA
380A Chadbourne Road
Fairfield, CA 94534

NBSIA Approval: Date: Coverage eff. date: