



the society for creative anachronism, inc.

P.O. Box 360789 • Milpitas, California 95036-0789 • Tel (408) 263-9305 • Fax (408) 263-0641

INSURANCE CERTIFICATE ORDERING INSTRUCTIONS

January 1, 2020 Revision

In order to facilitate prompt response when ordering insurance certificates, please follow the steps outlined below. Please allow **30 (thirty) days** for completion of your request. **Always include your Legal Name, mailing address, email address and daytime phone number. Your Membership Number & expiration date are also required.**

HOW TO: USE A SEPARATE SHEET OF PAPER FOR REQUIRED INFORMATION. PLEASE FOLLOW THE ORDERING INSTRUCTIONS CAREFULLY, ONLY USING THE FORMAT LISTED BELOW, OR YOUR PAPERWORK WILL BE RETURNED AND YOU WILL BE RESPONSIBLE FOR ANY LATE FEES.

- **PLEASE NOTE: IF THE CERTIFICATE HOLDER NEEDS AN ENDORSEMENT (CONSULT YOUR CONTRACT AND SITE CONTACT PERSON).**
- **A duplicate copy of the Certificate and payment receipt (for credit cards & PayPal only) will be mailed to Event Coordinator & Credit Card Holder.**
- **PLEASE DO NOT Mail as Certified Mail – this will prolong delivery process & could result in the \$175.00 Late Fee.**

ORDERING INSTRUCTIONS

1. **Name of Event/Practice:**
2. **Group Sponsoring Event or Practice:**
3. **Group Contact Person & Daytime Phone Number:**
4. **Insurance Type:** (General Liability, Equestrian, Host Liquor, Golf Carts & Endorsement)
5. **Fax Number for Site Owner**– If available, otherwise put “n/a (don’t skip)
6. **Routing Name for Fax** – (Site Owner’s Contact Person)
7. **Certificate Holder’s Name & Address** – (This is not your local group – it is the Church, Park’s Dept., etc. who is requesting that they be furnished a certificate).
8. **Additional Insured** – The exact wording that the Certificate Holder wishes to appear on the certificate. They will provide you with the wording in your contract.
9. **Name & Physical address of the site -**
10. **Beginning & ending DATES of the event.** For multiple dates, please list each date.
11. **Event Coordinator:** Membership Number, Expiration Date, **Legal Name**, Mailing Address, Email address, & Daytime Phone Number.

EVENT COORDINATOR:

The Event Coordinator must have a current membership through the last listed Event or Practice Dates. The Certificate cannot be ordered without the term of membership being verified.

ORDERING FEES:

General Liability Policy & International Policy:

If there is to be named “additional insured,” the fee is \$50.00. If “additional insured” is not requested, the certificate is free. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST, AND CHECKS MADE OUT TO SCA, INC. (U.S. FUNDS ONLY).***

Equestrian Policy:

Each time the Equestrian Policy is activated the fee is \$50.00. If you need “additional insured,” it is another \$50.00. For activation of both the Equestrian Policy and “additional insured” the total would be \$100.00. ***FEE MUST BE RECEIVED WITH CERTIFICATE REQUEST.***

Golf Cart Policy:

When a group rents Golf Carts or Golf Carts are used for SCA activities, the insurance must be activated. The fee is \$50.00 for this activation.

Host Liquor: Your contract with the Site Owner will specify if this is required. The fee for activation is \$50.00

Endorsement: Your contract with the Site Owner will specify if this is required. No additional charges for the Endorsement, as it is tied in to the “Additionally Insured.”

Late Fee:

If the ***30 (thirty)*** day ordering period is not adhered to, there will be a ***\$175.00*** late ordering fee charged. Occasionally, the site will delay requesting a certificate and the fee may be waived by providing the Corporate Office with a letter from the site owner (on letterhead) detailing the cause of the delay. However, the late fee will need to be paid with the certificate fee and will be refunded after the Site Owner’s letter has been reviewed.

PAYMENT INFORMATION:

If paying by check or credit card, payment must be received with your order. If using PayPal, you must submit your request for review & approval, before submitting your payment to our PayPal account. If approved, you will be given specific directions on how to proceed.

We accept checks made out to SCA, Inc. (U.S. Funds only), PayPal or credit card payment (VISA OR MASTERCARD). If using a credit card, please include the Name on Credit Card, Credit Card Billing Address, Email Address & Daytime Phone Number of Cardholder

Credit Card Number

Expiration Date

CVV

Requests should be sent to:

Email: insurance@sca.org

Or

Mail: SCA, Inc., P.O. Box 360789, Milpitas, CA 95036-0789

Or

Fax: (408) 263-0641

Please feel free to contact the Corporate Office, if you need any assistance.