



# California Garden Clubs, Inc.

## CERTIFICATE / ENDORSEMENT REQUEST FORM

### for Participating CGCI Clubs

(Form is Computer Fillable. If printed and filled by hand, please use black ink)

**Please allow 2 to 4 weeks processing time**

**YOUR RETURN MAILING ADDRESS**

CLUB NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_

YOUR NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

DAY PHONE ( \_\_\_\_ ) \_\_\_\_\_ EVE ( \_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

**TYPE OF EVENT(S)**      FLOWER SHOW      PLANT SALE      MEETING      GARDEN TOUR      OTHER

(If OTHER, state detail) \_\_\_\_\_

EVENT DATE(S) \_\_\_\_\_

SET UP DATE(S) \_\_\_\_\_

CLEAN UP DATE(S) \_\_\_\_\_

REGULAR MEETING DAY - HOW OFTEN? \_\_\_\_\_

BUILDING AND EVENT LOCATION (include the Street Address and City) \_\_\_\_\_

HOW MANY WILL ATTEND THROUGHOUT THE COURSE OF EVENT? \_\_\_\_\_ If more than 1000, additional charges apply.

**CHECK ALL THAT APPLY**

- CERTIFICATE OF INSURANCE (Proof of Insurance)
- ADDITIONAL INSURED REQUESTED - Indicate the interest of the Additional Insured: **(NOTE: You must mark one or more of the following and attach copy of written contract including any instructions, samples, or special wording required.)**
  - Landlord, Manager or Owner of venue (CG 2011)
  - Funding source (CG 2026)
  - Government/agency permit (CG 2012)
  - Work done on behalf of the certificate holder (CG 2010)
  - Other (describe in detail): \_\_\_\_\_

**WE NOW REQUIRE** that you send us the complete contract or facility use agreement with this completed form and payment so that we can review for insurance requirements and address your contractual obligations.

**CERTIFICATE HOLDER PLEASE NOTE: This is NOT Your Club or Club Address. PRINT BELOW THE NAME AND MAILING ADDRESS OF THE PERSON OR ORGANIZATION THAT HAS REQUESTED THAT YOU PROVIDE PROOF OF INSURANCE AND/OR AN ADDITIONAL INSURED ENDORSEMENT.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip + 4: \_\_\_\_\_

Attn: \_\_\_\_\_ Rush requested by (Date) \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ email: \_\_\_\_\_

**NOTE: PLEASE DO NOT STAPLE ANY ITEMS INCLUDING THE PAYMENT CHECK**  
 ENCLOSE \$35 CHECK PAYABLE TO: **CGCI:**

MAIL TO: **Shane Looper, CGCI Liability Insurance Chairman**  
**213 Carmelo Lane**  
**South San Francisco, CA 94080-2204**  
**650-871-0172 cgciinsurance@cagardenclubs.org**



*McDaniel Insurance Services LLC*