



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

NOTE: New late processing fee of \$15.00 for ALL Certificate Requests sent to chairman less than 14 days from date of event.