



# 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) \_\_\_\_\_

MAXIMUM NUMBER OF ATTENDEES AT ONE LOCATION AT ANY ONE TIME? \_\_\_\_\_ If more than 500, additional

charges apply. **CHECK ALL**

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): \_\_\_\_\_

**Remember, it is required that you provide the entire contract or facility use agreement with this completed form. Reviewing the entire documentation will allow us to to address your contractual obligations to provide the certificate.**

**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**



*McDaniel Insurance Services LLC*

**Questions: 650-871-0172      SLooper@sbcglobal.net**

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