



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: **Launa Gould, CGCI Liability Insurance Chairman**
1212 Avenida Buena Suerte
San Clemente, CA 92672



Questions: 949-275-3974 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 the date of event.