



California Garden Clubs, Inc.
CERTIFICATE / ENDORSEMENT REQUEST FORM
 for Participating CGCI Clubs
Allow three weeks processing time

This form is computer fillable. Save before printing. If writing, use **black ink** and **PRINT** clearly.

1. Your Contact Information

Your Club Name _____ District _____

Your Name _____ Title _____

Your/Club Address _____

Your Phone _____ Email _____

2. Type of Event

- Flower Show Plant Sale Garden Tour Booth at Event
- Meeting - How often? _____
- Other, describe: _____
- Event Date(s) _____ Set-up date _____ Clean-up date _____
- Event Location _____

3. Maximum number of attendees at any one time # _____

If more than 500 attendees at one time, request additional form.

4. Certificate (proof) or Additional Insured Request

- Certificate of Insurance** (Proof of Insurance)
- Additional Insured Requested** Indicate the interest of the Additional Insured.
 - Landlord, Manager or Owner of Venue Funding source (grant)
 - Government/agency permit Work done on behalf of cert holder
 - Other describe in detail: _____

5. Required Attach/email copy of written contract/facility use agreement with instructions and special wording required by the organization.

6. Certificate Holder This is the person or organization that has requested insurance. Verify information to avoid a reissue fee. Certificate will be issued based on information provided.

Name: _____

Address: _____

Attn: _____ Rush Date, if requested _____

Phone: _____ Email: _____

7. Enclose \$35 Processing Fee Payable to: CGCI

Rush fee \$15 if received less than 14 days before event.

Mail to: Launa Gould
 1212 Avenida Buena Suerte
 San Clemente, CA 92672

Email: Launa.gould@gmail.com
 Documents may be emailed.

Phone: 949-275-3974
 Do not staple checks.



McDaniel Insurance Services LLC