Garden Club :		
Mailing address or letterhead:		
CGCI Homeowners Liak	oility Insurance Agre	ement Form
Date:		
Name of Sponsoring Organization: _		
Name of Property Owner(s):		
Property Address:		
(insert physic	al address – street number, c	ity, zip code)
Dear	<u></u> :	
Thank you for opening your home/gardegarden tourplant salother. If "other" briefly des	eclub meeting	_,
to be held on	at the address	listed above .
(month/day/year)		
 The (name of organization) general liability insurance and add 	w	
	(name of property owne	
 as additional insured(s) on the po As the homeowner/renter, I have liabilities of having	adequate insurance on t	he property and accept the potential at my residence.
 Further, I understand that in the e accessed. 	vent of an incident, my	·
To minimize the potential for incident		reviewed the ing Place Safety Checklist.
(name of organization)	Meet	ing Flace Safety effectilist.
If you have any questions, please contact Name:		
Title:	Telephone:	
Signature of Garden Club President	Printed Name	Date
Signature of Venue or Property Owner	Printed Name	 Date

Please retain a copy of this document for your records.