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, Need by_____

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

Phone: _____Email: _____

7. Enclose $55 Processing Fee Payable to: CGCI

Checks: Mail to: Launa Gould, 1212 Avenida Buena Suerte San Clemente, CA 92672
cgciinsurance@cagardenclubs.org

Credit Cards go to:

https://www.californiagardenclubs.com/certificate-request-payment-form