

Cookie Booth Authorization

Dates: Friday, Feb. 7-Sunday, March 8, 2020

Entered: Scanned: eBudde Ready: Website Ready:

Girl Scout volunteer information:						
volunteer name: Rene Polling	Phone: 949 275 3599					
volunteer name. Rene Polling	Phone: 949 275 3599 Email pollards 07@gmsil.com					
Store contact information: Manager/business owner's name: /SSAC Store name: TSC Address: 1850 Brifshaw City/Zip code: EL (twire 92243 Cookie Booth Shifts: All c						
Or-choose approved days and times: Approved days: Monday Friday Afternoons only Tuesday Saturday Mornings only Wednesday Sunday All Day Thursday Other shifts not listed: Approved shifts: Approved shifts:	<u>2hr shifts</u> <u>3hr shifts</u> 8-10 a.m. 9-11 a.m. 8-11 a.m.					
Property management: Does Property Management company need to provide add						
Company:Phone/email:						
Insurance: Girl Scouts San Diego will issue a certificate of liability insu	rance for your location. Please indicate necessary verbiage, if any:					
Special requests: Girl Scouts will be the only soliciting organization during the Are there any known security concerns? Please specify: Set-up instructions, check all that apply: X Outside only Inside okay Ask manager for set-	up instructions One door only Both doors okay Pop-ups oka					
Manager/owner's signature:						

Return this form to:

Girl Scouts San Diego. Attn: Product Program Address: 1231 Upas Street, San Diego, CA 92103

FBX: 619-481-3504 Phone: 619-610-0825 Email: cookies@sdgirlscouts.org

Council-white Co Service unit-yellow ac Business-pink Co MG.mg PSC-002 7:19/2

GIRLSCOUT13 Client#: 440356

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Dawn Walter				
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 858 587-7540 FAX (A/C, No): 858 9	09-9707			
Marsh & McLennan Ins. Agency LLC	E-MAIL ADDRESS: dawn.walter@marshmma.com				
PO Box 85638	INSURER(S) AFFORDING COVERAGE	NAIC #			
San Diego, CA 92186	INSURER A: National Casualty Company	11991			
INSURED	INSURER B:				
Girl Scouts San Diego Imperial Council,	INSURER C:				
Inc.	INSURER D:				
1231 Upas Street	INSURER E :				
San Diego, CA 92103	INSURER F:				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
Α	Χ	COMMERCIAL GENERAL LIABILITY			KKI23868800	01/01/2020	01/01/2021		\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
		POLICY POCICY LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			KKI23868900	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
	X	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Χ	UMBRELLA LIAB X OCCUR			XKO23869000	01/01/2020	01/01/2021	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

RE: Sale of Girl Scout Cookies 2/07/20 - 3/08/20.

CERTIFICATE HOLDER	CANCELLATION		
Tractor Supply Store 1850 West Brackshaw Rd. El Centro, CA 92243-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
•	AUTHORIZED REPRESENTATIVE		
	Dawn Walter		

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