

Cookie Booth Authorization

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

Entered: K Scanned: eBudde Ready: Website Ready:

Giri Scout volunteer information:				
Service unit name: Clairemont 621	Phone: 619-507-1342 / 858-335-1176			
Volunteer name: Judy Pritchett / Kim Gregory	Email: jpsupergrammy@yahoo.com			
Store contact information:	Kgregan +@ juno, com			
Manager/business owner's name: CMOC Scott				
Store name: Boomers	1050 233-1201			
Address: _6999 Clairmont Mesa Boulevard	Phone: (858) 233-1204 Email: CSCOHOAPEXPARKS group. CON			
City/Zip code: <u>San Diego, CA 92111</u>				
Cookie Booth Shifts: All days a	nd times approved (Feb. 7-March 8; 8 a.m8 p.m.)			
Approved days: Approved shifts: Monday Friday Afternoons only Tuesday Wednesday Sunday All Day Other shifts not listed: Company: Does Property Management company need to provide additional a	2hr shifts 3hr shifts 8-10 a.m. 9-11 a.m. 8-11 a.m. 11-2 p.m. 11-2 p.m. 11-2 p.m. 2-4 p.m. 3-5 p.m. 5-8 p.m. 5-8 p.m. 5-7 p.m. 3-5 p.m.			
Contact:Phone/e	email:			
Insurance:				
Girl Scouts San Diego will issue a certificate of liability insurance fo	r your location. Please indicate necessary verbiage, if any:			
Special requests:				
Girl Scouts will be the only soliciting organization during these time	s: No XYes			
Are there any known security concerns? Please specify:				
Set-up instructions, check all that apply: ovision	de arrade doors			
Outside only Inside okay Ask manager for set-up instruc				
Manager/owner's signature:	9 Date: 0/18/19			

Return this form to:

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

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



Client#: 440356 GIRLSCOUT13

ACORD...

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 NUM	BER: 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.

	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Χ	COMMERCIAL GENERAL LIABILITY			KKI23868800	01/01/2020	01/01/2021	EACH OCCURRENCE	\$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							GENERAL AGGREGATE	\$5,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
	OTHER:							\$
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							BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
X	UMBRELLA LIAB X OCCUR			XKO23869000	01/01/2020	01/01/2021	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE	<u> </u>					AGGREGATE	\$10,000,000
	DED RETENTION\$							\$
	EMPLOYEDELLIADILITY						PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	r II					E.L. EACH ACCIDENT	\$
(Mai	ndatory in NH)	III,					E.L. DISEASE - EA EMPLOYEE	\$
DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	AUT X X X X X X X I WOFF (Mail If yes	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, desgribe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) INSR WO KKI23868800 KKI23868900 KKI23868900	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED NON-OWNED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO X AUTOS ONLY AUTOS NONLY AUTOS NONLY AUTOS ONLY AUTOS ONL	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR

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
Boomers 6999 Clairmont Mesa Blvd San Diego, CA 92111-0000	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

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