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### Cookie Booth Authorization

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

**Girl Scouts Volunteer Information:**  
 Volunteer Name: Caroline Jones Phone: 760-593-3175  
 Email: carolinejones@girlscouts.org

**Store Contact Information:**  
 Manager/Owner Name: \_\_\_\_\_  
 Name: Breakfast Club diner Phone: 630-402-2101  
 Address: 202 N. Coast Highway  
 City/State/Zip: Downsides, CA 92028 Email: \_\_\_\_\_

**Cookie Booth Shifts:**  All days and times approved (Feb. 7-March 8, 8 a.m. - 8 p.m.)  
 Or, choose approved days and times:  
 Approved days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Approved shifts:  Afternoons only  Mornings only  All Day  
 City shifts:  8-10 a.m.  10-noon  noon-2 p.m.  2-4 p.m.  4-6 p.m.  6-8 p.m.  9-11 a.m.  11 a.m.  1-3 p.m.  3-5 p.m.  5-7 p.m.  
 Other shifts not listed: Business open 7-3 everyday  
OK to sell in front when closed

I confirm that the location is open during these times.

**Property management:**  
 Does Property Management company need to provide additional approval?  No  Yes  
 Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone/email: \_\_\_\_\_

**Insurance:**  
 Girl Scouts San Diego will issue a certificate of liability insurance for your location. Please indicate necessary verbiage, if any.  
 \_\_\_\_\_

**Special requests:**  
 Girl Scouts will be the only soliciting organization during these times:  No  Yes  
 Are there any known security concerns? Please specify: \_\_\_\_\_

**Set-up instructions, check all that apply:**  
 Outside only  Inside okay  Ask manager for set-up instructions  One door only  Both doors okay  Pop-ups okay

**Manager/owner's signature:** [Signature] **Date:** 11/21/2019

**Return this form to:**  
 Girl Scouts San Diego, Attn: Product Program  
 P.O. Box 1231 Upas Street, San Diego, CA 92103  
 619-481-3504 Phone: 619-610-0825 Email: cookies@sdgirlscouts.org

Council - white copy  
 Service unit - yellow copy  
 Business - pink copy  
 MGing PSC 002 1/19/2020

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# 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).**

<b>PRODUCER</b> Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego, CA 92186	<b>CONTACT NAME:</b> Dawn Walter <b>PHONE (A/C, No, Ext):</b> 858 587-7540 <b>FAX (A/C, No):</b> 858 909-9707 <b>E-MAIL ADDRESS:</b> dawn.walter@marshmma.com														
<b>INSURED</b> Girl Scouts San Diego Imperial Council, Inc. 1231 Upas Street San Diego, CA 92103	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : National Casualty Company</td> <td style="text-align: center;">11991</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Casualty Company	11991	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**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)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KKI23868800	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>1,000,000</b> MED EXP (Any one person)      \$ <b>10,000</b> PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>5,000,000</b> \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			KKI23868900	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b> BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			XKO23869000	01/01/2020	01/01/2021	EACH OCCURRENCE      \$ <b>10,000,000</b> AGGREGATE      \$ <b>10,000,000</b> \$ PER STATUTE      OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?      Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$

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.**

<b>CERTIFICATE HOLDER</b>  Breakfast Club Diner 228 N. Coast Hwy. Oceanside, CA 92056-0000	<b>CANCELLATION</b>  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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