



# Cookie Booth Authorization

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

Entered:  Scanned:   
eBuddy Ready:  Website Ready:

## Girl Scout volunteer information:

Service unit name: Magnolia Trails  
Volunteer name: Lisa Manchen

Phone: 619-744-5437  
Email: magnolia-trails-cookies@gmail.com

## Store contact information:

Manager/business owner's name: lauren tippin  
Store name: GTM  
Address: 8967 Carlton Hills Blvd  
City/Zip code: Santee, CA 92071

Phone: 619-449-4953  
Email: ltippin@gtmstores

## 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

- | Sun   | 2hr shifts                                   | Sat   | 3hr shifts m-f                               |
|---|--|---|--|
| <input type="checkbox"/> 8-10 a.m.              | <input checked="" type="checkbox"/> 10-Noon  | <input checked="" type="checkbox"/> 9-11 a.m. | <input type="checkbox"/> 8-11 a.m.           |
| <input checked="" type="checkbox"/> Noon-2 p.m. | <input checked="" type="checkbox"/> 2-4 p.m. | <input checked="" type="checkbox"/> 11-1 p.m. | <input type="checkbox"/> 11-2 p.m.           |
| <input checked="" type="checkbox"/> 4-6 p.m.    | <input checked="" type="checkbox"/> 6-8 p.m. | <input checked="" type="checkbox"/> 1-3 p.m.  | <input checked="" type="checkbox"/> 2-5 p.m. |
|   |  | <input checked="" type="checkbox"/> 3-5 p.m.  | <input checked="" type="checkbox"/> 5-8 p.m. |
|   |  | <input checked="" type="checkbox"/> 5-7 p.m.  |  |

Other shifts not listed: two Monday holidays 2/10/2/11 all day per email.

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: Lauren Tippin Date: 12/31/19

## 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

Council-white copy  
Service unit-yellow copy  
Business-pink copy  
MG:mg PSC-002 7/19/2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/07/2020

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><br>Marsh & McLennan Agency LLC<br>Marsh & McLennan Ins. Agency LLC<br>PO Box 85638<br>San Diego, CA 92186 | <b>CONTACT NAME:</b> Dawn Walter<br><b>PHONE (A/C, No, Ext):</b> 858 587-7540 <b>FAX (A/C, No):</b> 858 909-9707<br><b>E-MAIL ADDRESS:</b> dawn.walter@marshmma.com   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
|---|---|-------------------------------|--------|---------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Girl Scouts San Diego Imperial Council<br>1231 Upas Street<br>San Diego, CA 92103                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : National Casualty Company</td> <td>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 : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : National Casualty Company   | 11991   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |   |                               |        |                                       |       |             |  |             |  |             |  |             |  |             |  |
| 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) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | KKI23868800   | 01/01/2020              | 01/01/2021              | EACH OCCURRENCE    \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence)    \$1,000,000<br>MED EXP (Any one person)    \$10,000<br>PERSONAL & ADV INJURY    \$1,000,000<br>GENERAL AGGREGATE    \$5,000,000<br>PRODUCTS - COMP/OP AGG    \$5,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><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)    \$1,000,000<br>BODILY INJURY (Per person)    \$<br>BODILY INJURY (Per accident)    \$<br>PROPERTY DAMAGE (Per accident)    \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          | XKO23869000   | 01/01/2020              | 01/01/2021              | EACH OCCURRENCE    \$10,000,000<br>AGGREGATE    \$10,000,000<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT    \$<br>E.L. DISEASE - EA EMPLOYEE    \$<br>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 2/09/19 - 3/11/19.**

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>GTM<br>8967 Carlton Hills Blvd.<br>Santee, CA 92071 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|