



# Cookie Booth Authorization

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

Entered:   
Scanned:   
eBuode Ready:   
Website Ready:

### Girl Scout volunteer information:

Service unit name: Sunny Trails 668  
Volunteer name: Heidi Russell

Phone: 619-249-7351  
Email: robhielrussell@yahoo.com

### Store contact information:

Manager/business owner's name: \_\_\_\_\_  
Store name: Jump Around Now  
Address: 1675 Brandywine Avenue Phone: \_\_\_\_\_  
City/Zip code: Chula Vista, CA 91911 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

#### 2hr 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.
- 11-1 p.m.
- 1-3 p.m.
- 3-5 p.m.
- 5-7 p.m.

#### 3hr shifts

- 8-11 a.m.
- 11-2 p.m.
- 2-5 p.m.
- 5-8 p.m.

Other shifts not listed: \_\_\_\_\_

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: 01/25/2020

### 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

Kristina p Jan 18, not Tu/Th

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>KKI23868800</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE <b>\$5,000,000</b>
			PRODUCTS - COMP/OP AGG <b>\$5,000,000</b>				
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			<b>KKI23868900</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)              \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)          \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			<b>XKO23869000</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	EACH OCCURRENCE <b>\$10,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE <b>\$10,000,000</b>
	DED                      RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE                      OTH-ER
							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>  Jump Around Now 1675 Brandywine Avenue Chula Vista, CA 91911	<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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