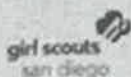


Entered:
Scanned:
eBuddy Ready:
Website Ready:



Cookie Booth Authorization

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

Girl Scout volunteer information:

Service unit name: Lilac Oaks 646 Phone: _____
Volunteer name: Brandi Folts Email: beautyborn18@gmail.com

Store contact information:

Manager/business owner's name: Tom Jabro
Store name: Lilac Foods Phone: 760-749-0400
Address: 28960 Lilac Road Email: _____
City/Zip code: Valley Center, CA 92082

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:		Approved shifts:		2hr shifts		3hr shifts	
<input type="checkbox"/> Monday	<input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Afternoons only	<input type="checkbox"/> Mornings only	<input type="checkbox"/> 8-10 a.m.	<input type="checkbox"/> 9-11 a.m.	<input type="checkbox"/> 8-11 a.m.	<input type="checkbox"/> 8-11 a.m.
<input type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Saturday	<input type="checkbox"/> Mornings only	<input checked="" type="checkbox"/> All Day	<input type="checkbox"/> 10-Noon	<input type="checkbox"/> 11-1 p.m.	<input type="checkbox"/> 11-2 p.m.	<input type="checkbox"/> 11-2 p.m.
<input type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Sunday			<input type="checkbox"/> Noon-2 p.m.	<input type="checkbox"/> 1-3 p.m.	<input type="checkbox"/> 2-5 p.m.	<input type="checkbox"/> 2-5 p.m.
<input type="checkbox"/> Thursday				<input type="checkbox"/> 2-4 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 5-8 p.m.	<input type="checkbox"/> 5-8 p.m.
				<input type="checkbox"/> 4-6 p.m.	<input type="checkbox"/> 5-7 p.m.		
				<input type="checkbox"/> 6-8 p.m.			

Other shifts not listed: _____

(m-s 8-8)

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: Tom Jabro Date: 1-17-2020

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.org PSC-002 7/18/2019

Client#: 440356

GIRLSCOUT13



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).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego, CA 92186	CONTACT NAME: Dawn Walter	
	PHONE (A/C, No, Ext): 858 587-7540	FAX (A/C, No): 858 909-9707
	E-MAIL ADDRESS: dawn.walter@marshmma.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : National Casualty Company	
	NAIC # 11991	
INSURED Girl Scouts San Diego Imperial Council, Inc. 1231 Upas Street San Diego, CA 92103	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	

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	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			KKI23868800	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	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) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XKO23869000	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A <small>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</small>						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.

CERTIFICATE HOLDER Lilac Foods 28960 Lilac Rd Valley Center, CA 92082-0000	CANCELLATION 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 <i>Dawn Walter</i>
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