



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
NAVAL BASE SAN DIEGO  
3455 SENN RD  
SAN DIEGO, CALIFORNIA 92136-5084

5370  
Ser N05MS/0124  
23 January 2020

MS MINDY GUEVARA  
GIRL SCOUTS SAN DIEGO  
1231 UPAS STREET  
SAN DIEGO, CA 92103

Dear Ms. Mindy Guevara:

This is in reply to your email of January 15, 2020, requesting permission to sell Girl Scout cookies at the Naval Base San Diego Fleet Exchange (located at Building 3301, at the intersection of Surface Navy Blvd. & West Vesta St.), Murphy Canyon Navy Exchange (Mini Mart), Village Serra Mesa (Mini Mart), and Bayview Mini Mart, on February 7-9, 14-17, 21-23, 28-29 March 1st and 6-8 from 0900 to 1600. Your request is approved.

A space has been reserved for your group with the General Manager, Mr. David Thompson Jordan, Main Exchange at (619) 544-2220. You are required to provide your own table or other fixtures. Please ensure that your table is set off to the side to allow patrons full access to the entrance and be aware that no taped signs are allowed on any buildings, carts or other fixtures. Additionally, your organization will be responsible for maintenance and cleanup of the area at conclusion of the event. Please have this authorization letter available at all times while your organization is on board Naval Base San Diego.

If we can be of further assistance, please contact Ms. Brown at (619) 556-4680, [Jennifer.o.brown@navy.mil](mailto:Jennifer.o.brown@navy.mil).

Sincerely,

  
J. O. BROWN  
By direction

Copy to:  
Mr. David Thompson(NEX)  
SECO



# 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> <b>Marsh &amp; McLennan Agency LLC</b> <b>Marsh &amp; McLennan Ins. Agency LLC</b> <b>PO Box 85638</b> <b>San Diego, CA 92186</b>	<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>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A : National Casualty Company</b> <b>11991</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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>	<b>X</b> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			<b>KKI23868800</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	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> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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			<b>KKI23868900</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>X</b> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>XKO23869000</b>	<b>01/01/2020</b>	<b>01/01/2021</b>	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? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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>	<b>CANCELLATION</b>
<b>Naval Base Fleet Exchange</b> <b>Building 3301</b> <b>San Diego, CA 92136-0000</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.  <b>AUTHORIZED REPRESENTATIVE</b> <i>Dawn Walter</i>