



# Cookie Booth Authorization

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

Entered:   
Scanned:   
eBudde Ready:   
Website Ready:

## Girl Scout volunteer information:

Service unit name: Otay Mesa 665  
Volunteer name: Diana Saenz

Phone: (619) 373-6599  
Email: diana-33-1@hotmail.com

## Store contact information:

Manager/business owner's name: John Rittenhouse  
Store name: Otay Farms  
Address: 1716 Broadway  
City/Zip code: Chula Vista, CA 91911

Phone: 619 423 1735  
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:		Approved shifts:		2hr shifts		3hr shifts	
<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoons 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"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Mornings only	<input type="checkbox"/> 10-Noon	<input type="checkbox"/> 11-1 p.m.	<input type="checkbox"/> 11-2 p.m.		
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday	<input type="checkbox"/> All Day	<input type="checkbox"/> Noon-2 p.m.	<input type="checkbox"/> 1-3 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"/> 4-6 p.m.	<input type="checkbox"/> 5-7 p.m.			
			<input type="checkbox"/> 6-8 p.m.				

Other shifts not listed: Feb 7 and Feb 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: John Rittenhouse Date: 1/8/2020

## 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

# CERTIFICATE OF LIABILITY INSURANCE

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>E-MAIL ADDRESS:</b> dawn.walter@marshmma.com	<b>FAX (A/C, No):</b> 858 909-9707
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : National Casualty Company</b>	
	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
<b>INSURED</b> <b>Girl Scouts San Diego Imperial Council,</b> <b>Inc.</b> <b>1231 Upas Street</b> <b>San Diego, CA 92103</b>	<b>NAIC #</b> <b>11991</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 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 UMBRELLA LIAB</b> <b>X EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			<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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				

**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>Otay Farms</b> <b>1716 Broadway</b> <b>Chula Vista, CA 91911-0000</b>	<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.  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Dawn Walter</i>
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