



Cookie Booth Authorization

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

Entered:
Scanned:
eBuddy Ready:
Website Ready:

Girl Scout volunteer information:

Service unit name: Chula Vista 662

Phone: (619) 408-8641

Volunteer name: Patty

Email: gscvtraps390@gmail.com

Store contact information:

Manager/business owner's name: Alfonso Ortega

Store name: Sprouts

Phone: (619) 409-7630

Address: _____

Email: alfonso@sproutscv.com

City/Zip code: Chula Vista, CA 91911

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:

RONALD COHN INC. DBA SPROUTS FARMERS MARKET 690 3RD AVE CHULA VISTA CA 91910

Special requests:

Girl Scouts will be the only soliciting organization during these times: No Yes

Are there any known security concerns? Please specify: PLEASE DO NOT BLOCK DOORS OR CARTS

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: 12/17/19

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)
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).

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|---|--|----------------------------------|--|---|------------------------------------|---|--|-------------------------------|--|--|---------------------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego, CA 92186 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Dawn Walter</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 858 587-7540</td> <td>FAX (A/C, No): 858 909-9707</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: dawn.walter@marshmma.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : National Casualty Company</td> <td>NAIC # 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> | 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 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
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| INSURER E : | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | |
| INSURED Girl Scouts San Diego Imperial Council, Inc. 1231 Upas Street San Diego, CA 92103 | | | | | | | | | | | | | | | | | | | | | |

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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> </tr> <tr> <td>CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td colspan="2">GEN'L AGGREGATE LIMIT APPLIES PER:</td> </tr> <tr> <td><input type="checkbox"/> POLICY</td> <td><input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</td> </tr> <tr> <td colspan="2">OTHER:</td> </tr> </table> | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | 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: | | | | KKI23868800 | 01/01/2020 | 01/01/2021 | EACH OCCURRENCE | \$1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | | | | | | | | | | | |
| | | 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: | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
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| | | <input checked="" type="checkbox"/> 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 | | | | | | | | | | | | | | | |
| | | BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
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| | | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | | | | | | | | | | | |
| DED | RETENTION \$ | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$10,000,000 | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | |
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| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y / N | | | | | | | | | | | | | | | |
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| 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.

| | |
|---|--|
| CERTIFICATE HOLDER Ronald Cohn Inc. dba: Sprouts Farmers Market 690 3rd Ave Chula Vista, CA 91910-0000 | 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 |
|---|--|