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eBuddle Ready:
Website Ready:

December 19, 2019

Girl Scouts – San Diego
Mindy Guevara
1231 Upas Street
San Diego, California 92103
(619) 610-0749

Dear Mindy:

Pursuant to your recent request, you are authorized to engage in a fund-raiser only at the store/s on the date/s of February 7th – March 8th, 2020.

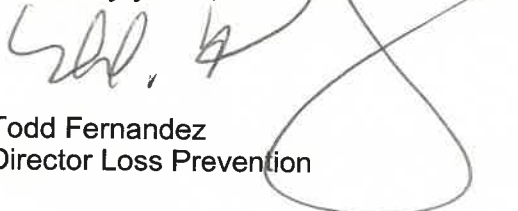
#140 – 635 N. Broadway, Escondido	#150 – 3770 Mission Ave., Oceanside
#151 – 2170 Vista Way, Oceanside	#152 – 1330 E. Mission Rd., San Marcos
#156 – 780 Sycamore Ave., Vista	#157 – 1451 N. Santa Fe Ave., Vista
#158 – 1048 N. El Camino Real, Encinitas	#162 – 13589 Poway Rd., Poway
#163 – 1674 Main St., Ramona	#167 – 9909 Carmel Mountain Rd., San Diego
#186 – 2687 Gateway Rd., Carlsbad	

Please have your volunteers check in with the Store Manager prior to soliciting and adhere to the following guidelines:

- 1) Be neat, clean, and fully attired.
- 2) Be clearly identifiable.
- 3) Stay to the sides of outside front entry/exit doors. Do not obstruct customers going into or coming out of the store. Portable canopies, EZ-Ups, and umbrellas are not permitted.
- 4) Be polite to Stater Bros. Customers.
- 5) Do not be aggressive or offensive and do not follow customers to their vehicles or solicit in the parking lot.
- 6) There will not be more than **four (4)** volunteers at the store at any given time. (One volunteer must be an adult). Volunteers are authorized at only one entry door.

Store Managers may revoke your authorization to solicit at anytime for failure to follow our guidelines or if complaints are received concerning the offensive manner or conduct of your volunteers.

Sincerely yours,



Todd Fernandez
Director Loss Prevention



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	<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: right;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : National Casualty Company</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td></td> <td style="text-align: right;">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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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			KKI23868800	01/01/2020	01/01/2021	<table style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	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		\$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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																				

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.

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">Stater Bros - Encinitas 1048 N. El Camino Real Encinitas, CA 92024-0000</p>	<p>CANCELLATION</p> <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Dawn Walter</i></p>
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