



Cookie Booth Authorization

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

Entered: X
 Scanned: X
 eBuddle Ready: X
 Website Ready: X

Girl Scout volunteer information:

Service unit name: Sunrise Valley 678

Phone: 619-254-3594

Volunteer name: Brett Wilson

Email: cowboyboat@gmail.com

Store contact information:

Manager/business owner's name: Heather Braswell

Store name: Tractor Supply Company

Phone: 760-789-7052

Address: 203 Hunter Street

Email: str1862@tractorsupply.com

City/Zip code: Ramona, CA 92065

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 Friday
 Tuesday Saturday
 Wednesday Sunday
 Thursday

Approved shifts:

- Afternoons only
 Mornings only
 All Day

2hr shifts

- 8-10 a.m. 9-11 a.m.
 10-Noon 11-1 p.m.
 Noon-2 p.m. 1-3 p.m.
 2-4 p.m. 3-5 p.m.
 4-6 p.m. 5-7 p.m.
 6-8 p.m.

3hr shifts

- 8-11 a.m.
 11-2 p.m.
 2-5 p.m.
 5-8 p.m.

Other shifts not listed: N/A

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:

NONE

Special requests:

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

Are there any known security concerns? Please specify: NONE

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: H. Braswell Date: 10-20-19

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 | CONTACT NAME: Dawn Walter PHONE (A/C, No, Ext): 858 587-7540 E-MAIL ADDRESS: dawn.walter@marshmma.com | FAX (A/C, No): 858 909-9707 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Girl Scouts San Diego Imperial Council, Inc. 1231 Upas Street San Diego, CA 92103 | INSURER A : National Casualty Company | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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 | 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 | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> 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 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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.

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| CERTIFICATE HOLDER Tractor Supply Company - Ramona 203 Hunter Street Ramona, CA 92065-0000 | 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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