



Cookie Booth Authorization

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

Girl Scout volunteer information:

Service unit name: Serra Mesa 628

Phone: 858-277-5661

Volunteer name: Cindy May

Email: fall.salecindy@hotmail.com

Store contact information:

Manager/business owner's name: Hilda Perez

Store name: Vons

Phone: 858 2925007

Address: 3550 Murphy Canyon Road

Email: S2118c90@safeway.com

City/Zip code: San Diego, CA 92123

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: _____

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: [Signature]

Date: 01/20/19

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





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

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 :	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			KKI23868800	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$10,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
OTHER:							GENERAL AGGREGATE \$5,000,000
							PRODUCTS - COMP/OP AGG \$5,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			KKI23868900	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			XKO23869000	01/01/2020	01/01/2021	EACH OCCURRENCE \$10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$10,000,000
	DED RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A							E.L. EACH ACCIDENT \$
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							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
Vons - Murphy Canyon
3550 Murphy Canyon Road
San Diego, CA 92123-0000

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