

**ADDITIONAL INSURED / CERTIFICATE OF INSURANCE  
INFORMATION for  
CALIFORNIA NATIVE PLANT SOCIETY**

fax to: CNPS - Attn: State Office Insurance Contact (916) 447-2727  
or mail to: 2707 K Street, Suite 1, Sacramento, CA 95816-5113  
Allow 2 - 3 weeks for processing

RETURN ADDRESS:

|                             |
|-----------------------------|
| CHAPTER _____               |
| YOUR NAME _____ TITLE _____ |
| ADDRESS _____               |
| CITY, STATE, ZIP _____      |

DAY PHONE (    ) \_\_\_\_\_ EVE (    ) \_\_\_\_\_

FAX (    ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF EVENT(S): SHOW \_\_\_\_\_ MEETING \_\_\_\_\_ SALE \_\_\_\_\_ FIELDTRIP \_\_\_\_\_

OTHER (DESCRIBE) \_\_\_\_\_

BUILDING OR EVENT LOCATION \_\_\_\_\_

EXPECTED ATTENDANCE (TOTAL # OF PEOPLE) \_\_\_\_\_

DATE(S) INCLUDING SET UP/CLEAN UP \_\_\_\_\_

check:

\_\_\_ CERTIFICATE OF INSURANCE (PROOF OF INSURANCE)

\_\_\_ ADDITIONAL INSURED' REQUESTED (ATTACH ANY INSTRUCTIONS)

\_\_\_ SPECIAL FORM OR WORDING REQUIRED (PLEASE ATTACH)

NAME AND MAILING ADDRESS OF THE PERSON OR ORGANIZATION THAT HAS  
REQUESTED THAT YOU PROVIDE PROOF OF INSURANCE AND/OR ADDITIONAL INSURED  
ENDORSEMENT. **REQUIRED!!**

**(CERTIFICATE HOLDER):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_ RUSH FAX ? \_\_\_\_\_ BY (DATE) \_\_\_\_\_

FAX (    ) \_\_\_\_\_ PHONE (    ) \_\_\_\_\_ ext. # \_\_\_\_\_

INTEREST OF THE CERTIFICATE HOLDER:

LANDLORD/LESSOR \_\_\_\_\_ FUNDING SOURCE \_\_\_\_\_ GOVT. OR AGENCY PERMIT \_\_\_\_\_

WORK DONE ON THEIR BEHALF \_\_\_\_\_ OTHER \_\_\_\_\_

RENEW THIS CERTIFICATE EACH YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE CALL WITH ANY QUESTIONS: CNPS, State Office, Insurance Contact (916) 447-2677**