

California Federation of Mineralogical Societies

Fax to: (805)646-9976 or Mail to: McDaniel Insurance Services, PO Box 1294, Ojai, CA 93024

Allow 3 weeks for processing

THIS REQUEST IS SUBJECT TO UNDERWRITING APPROVAL

Certificate/ Endorsement Request Form

Please Note: Certificates will be mailed to both the Certificate Holder & the club's contact Person.

*** SAMPLE ENTRIES & INSTRUCTIONS ARE IN RED TYPE ***

THIS IS YOUR MAILING LABEL:

PLEASE PRINT OR TYPE CLEARLY, BLACK INK ONLY	Complete Legal Name of Club
THIS WILL BE MAILED	Contact Person, Title (YOU)
BACK TO YOU IN A	Mailing Address
WINDOW ENVELOPE	City, State, ZIP

Phone:() Fax:() E-Mail: **PRINT VERY CLEARLY**

Date request was: Faxed OR Mailed OR E-mailed

Incomplete or illegible forms will be returned without processing or tracking. It is your responsibility to submit properly completed forms before the deadline to avoid additional fees.

SEE GENERAL INSTRUCTIONS AND FEE SCHEDULE.

TYPE OF EVENT: Show Meeting Workshop Field Trip

Booth, Table at an event not sponsored or organized by you. Square feet

Other (describe): **USE 2ND SHEET, IF NECESSARY TO DESCRIBE. FLYERS ARE HELPFUL**

How many people do you anticipate attending this event? **THROUGH COURSE OF EVENT**

IMPORTANT REMINDER: If this request is being submitted for an event you sponsor or host where attendance is anticipated to be 300 persons or more, please complete and attach a Special Event Questionnaire; allow 6 weeks processing time. An additional premium will be required. Events with 300 or more in attendance over the course of the event are excluded from the policy unless special coverage is added.

Date(s) including Set-Up and/ or Clean-Up: **ONGOING, WEEKLY, MONTHLY, IF APPROPRIATE, AND CLEARLY INDICATE WHICH DATE(S) ARE USED FOR SETTING UP AND/OR CLEANING UP**

Building or event location (include city): **CLEARLY IDENTIFY NAME/ADDRESS & INCLUDE CITY**

PLEASE CHECK:

Certificate of Insurance (Proof of Insurance)

Additional Insured Endorsement

NOTE: THIS IS REQUIRED. Please indicate the Additional Insured's Interest:

Landlord or owner of venue/location Funding Source

Required for permit from government agency Work done for the certificate holder by your organization

Other: **PROVIDE COMPLETE INFORMATION OR CALL US FOR ASSISTANCE**

Specific instructions or wording if required by the Additional Insured (please attach)

ATTACH ANY/ALL INSURANCE REQUIREMENTS

Special form required by the Certificate Holder (requestor). **ATTACH ORIGINAL COPY**

Automatic renewal (e.g., monthly meetings or landlords; not for shows or dated events)

CERTIFICATE HOLDER: The certificate holder is the person or organization that has requested that you provide proof of insurance and/or an additional insured endorsement. This Legal Name and Mailing Address are required because we must mail the certificate to them.

Name: **THIS IS NOT YOU**

Mailing Address: **INCLUDE COMPLETE NAME & ADDRESS. WE ARE LEGALLY REQUIRED TO**

City, State, ZIP: **MAIL A CERTIFICATE TO THE CERTIFICATE HOLDER (INCLUDE ZIP+ FOUR).**

Attention: **ASK FOR SPELLING OF NAME** Telephone: () **INCLUDE EXT. #**

Rush requested by fax by (date): **IF NECESSARY** Fax Number: () **THIS IS NOT YOU**

McDaniel Insurance Services, DOI #0820481 mcins@west.net

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