

California Federation of Mineralogical Societies

Email, FAX. Or Mail to McDaniel Insurance Services LLC – see address information below
Allow 3-6 weeks for processing – **SOME ENDORSEMENTS MAY TAKE UP TO 5 WEEKS**
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.

Complete Legal Name of Club: _____

Contact Person, Title: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: (____) _____ Fax:(____) _____ E-Mail: _____

Date request was: E-mailed _____ OR Mailed _____ OR Faxed _____

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 or table at an event not sponsored or organized by you. Square feet _____

Other (describe): _____

How many people do you anticipate attending this event? _____ (*See reminder below*)

IMPORTANT REMINDER: If this request is being submitted for an event you sponsor or host where attendance is anticipated to be **500 persons or more**, please complete and attach a Special Event Questionnaire; allow 6 weeks processing time. An additional premium will be required. Events with 500 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: _____

Building or event location (include city): _____

Will liquor be served? Yes No If yes, by whom _____

 If yes is it Sold or Provided without separate charge

PLEASE CHECK:

Certificate of Insurance (Proof of Insurance)

Additional Insured? **REQUIRED:** Indicate the **Additional Insured's** interest below:

 Landlord or owner of venue/location Required for permit from government agency

 Funding Source Work done for the certificate holder by your organization

 Other: _____

REQUIRED: Attach a copy of any written contract/agreement and all attachments, including any written insurance requirements. (**please attach**)

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

CERTIFICATE HOLDER: The certificate holder below is the person or organization that has requested you to provide proof of insurance and/or an additional insured endorsement.

The Name and Mailing Address are required. We are legally required to mail the certificate to them.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Attention: _____ Telephone: (____) _____

Rush requested by (date): _____ Rush E-Mail to: _____

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