

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.

THIS IS YOUR MAILING LABEL:

	Complete Legal Name of Club
	Contact Person, Title
	Mailing Address
	City, State, ZIP

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

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 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 Endorsement, **REQUIRED:** 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: _____

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

Special form required by the **Certificate Holder (requestor)**. Please attach the form.

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.

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 Fax or E-Mail to: _____

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

206 N. Signal Street, Suite O, PO Box 1294, Ojai, CA 93024 (805) 646-9948; Fax (805) 646-9976