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): _____

What is the maximum attendance in any one day? _____ *(See reminder below)*

IMPORTANT REMINDER: If this request is being submitted for an event you sponsor or host where attendance is anticipated to be **1000 persons or more per day**, please complete and attach a Special Event Questionnaire; allow 6 weeks processing time. An additional premium will be required. Events with 1000 or more in attendance per dayare 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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