



# California Native Plant Society

2707 K Street, Suite 1, Sacramento, CA 95816-5113  
916-447-2677, fax 916-447-2727

## ADDITIONAL INSURED / CERTIFICATE OF INSURANCE REQUEST

FAX or MAIL to: CNPS - Allow 2 - 3 weeks for processing

THIS IS YOUR MAILING ADDRESS:

Chapter or program \_\_\_\_\_

Contact Person, Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Date request was: Mailed \_\_\_\_\_ OR E-mailed \_\_\_\_\_ OR Faxed \_\_\_\_\_

Please Note: Certificates will be mailed to both the Certificate Holder & Chapter contact person.

*Incomplete or illegible forms will be returned without processing or tracking.*

TYPE OF EVENT: Show Meeting(s) Workshop(s) Field Trip

Booth or table at an event not sponsored or organized by you. Square feet \_\_\_\_\_

None of the Above? describe): \_\_\_\_\_

How many people do you anticipate attending this event? \_\_\_\_\_ (See reminder below)

**PLEASE NOTE: Independent vendors at events are NOT covered.**

**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

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

**PLEASE CHECK (any that apply):**

Certificate of Insurance (Proof of Insurance)

Additional Insured Endorsement?

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

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

Funding Source Work done for the certificate holder by your organization

Other (explain): \_\_\_\_\_

**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): \_\_\_\_\_ Fax or E-Mail to: \_\_\_\_\_

**For Coverage Questions please call: McDaniel Insurance Services LLC (CA Lic #0K28791), 800-400-7288**