



California Native Plant Society

2707 K Street, Suite 1, Sacramento, CA 95816-5113

916-447-2677, fax 916-447-2727

Email (or FAX or Mail) to CNPS. Email to Becky Reilly at breilly@cnps.org

Allow 6 weeks for processing. SUBJECT TO UNDERWRITING APPROVAL

Special Event Questionnaire

For special events organized or sponsored by your organization having 500 or more in attendance, or not included in 'covered events'. (see Coverages and Responsibilities form)

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

Name of Chapter or program: _____

Is your Chapter: Sponsor Co-sponsor Other (if other, describe below)

Please list any Co-sponsors _____

What kind of special event will your chapter be hosting?

Show Conference Other (If other, please provide detail; attach pages as needed)

Where is the event being held? _____

Date(s) of the event (EXCLUDING any additional set-up/tear down dates) _____

What dates (if any) will be for set-up? _____ for clean-up? _____

How many total people do you expect to attend this event? _____

What gross receipts/income do you anticipate? \$ _____

How much net profit do you anticipate? \$ _____

Will Liquor be served? Yes No

-If Yes, will it be: Sold Provided without separate charge

-If Yes, served by: Member/Volunteer(s) Hired Individual/Company Other (explain)

How many vendors/dealers do you anticipate? _____

Note: Coverage for vendors is not included.

Do you require the vendors/dealers to provide your chapter with a Certificate of Insurance and an Additional Insured Endorsement naming the California Native Plant Society, their directors, officers, and volunteers as Additional Insureds?

Yes No (If no, explain) _____

Please ask your venue and/or sponsors if you will need a Certificate of Insurance.

After receipt of this form, properly completed, we will e-mail a quote for the cost of coverage for the special event. If you will need a Certificate of Insurance and/or Additional Insured Endorsement send a completed Certificate/Endorsement Request Form.

Incomplete or illegible forms will be returned without processing or tracking. It is your responsibility to submit properly completed forms in a timely manner.

Your Name & Title: _____

Your Mailing Address: _____

PLEASE NOTE: We require a phone number plus an e-mail or fax to send a quote/invoice.

Phone Numbers: Day: _____ Evening: _____

E-Mail Address: _____ OR Fax #: _____

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

McDaniel Insurance Services LLC, Lic #0K28791 mcins@west.net 800-400-7288

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