



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 LABEL:

	Chapter or program
	Contact Person, Title
	Mailing Address
	City, State, ZIP

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

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

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

TYPE OF EVENT(S): SHOW _____ MEETING _____ SALE _____ FIELDTRIP _____
OTHER (DESCRIBE) _____

BUILDING OR EVENT LOCATION _____

EXPECTED ATTENDENCE (TOTAL # OF PEOPLE) _____

DATE(S) INCLUDING SET UP/CLEAN UP _____

PLEASE CHECK:

Certificate of Insurance (Proof of Insurance)

Additional Insured Endorsement

NOTE: THIS IS REQUIRED. Please 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 them the certificate.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Attention: _____ Telephone: (____) _____

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

PLEASE CALL WITH ANY QUESTIONS: CNPS, State Office, Insurance Contact (916) 447-2677