



The Garden Clubs of Illinois, Inc.

Member National Garden Clubs, Inc.

188 Industrial Dr. Suite #120 Elmhurst, IL 60126-1608

Phone: 630-617-9269 e-Mail: gardenclubsill@aol.com

Web Site: www.gardenclubsofillinois.org

REQUEST FOR CERTIFICATE OF INSURANCE

This provides protection for the insured club during events meeting the criteria on the reverse side of this application

GENERAL LIABILITY INSURANCE

ADMINISTRATIVE FEE \$50

ADDITIONAL INSURED FEE \$75

Insurance effective **August 8, 2026 to August 8, 2027**

Name of Club _____ Club Code _____

President _____ Club Membership _____

Address _____

City _____ Zip + 4 _____

Phone _____ e-Mail Address _____

Contact Name (if different than the President) _____

Contact Address _____

Contact City _____ Zip + 4 _____

Contact Phone _____ e-Mail Address _____

Certificate Holder (name & address) if **other than** the club listed above. There will be an **additional charge of \$75.**

Does the certificate holder need to be added as an Additional Insured? Yes No

Does club own property? _____ Is club incorporated? _____

Does club have an EIN? If so, list _____

Club Events: Briefly describe when and where (including addresses) of your events if known. Use a separate sheet if necessary.

This insurance provides protection for the insured club during club events. These may include plant sales, garden walks, flower shows, field trips, etc.

If more than 500 attendees are expected, a separate quote is required. Contact the **Insurance Liaison** to process the request.

Coverage for your club starts and ends on the dates specified above.

A club must be in good standing with their total membership dues in order to receive coverage.

501 (c)'s and/or incorporated clubs **cannot be covered** on Request for Insurance Certificates.

Please provide details regarding events including venues and addresses. Number of members is required on the form.

If a venue requires that they be named as a second insured, an additional fee is required **in addition** to the Administrative Fee. Please provide name and address of the venue on the form and send an additional \$75 administrative fee for this certificate.

Return completed form with payment (made out to GCI) to the GCI Insurance Liaison. Contact information is printed on the inside front cover of our magazine – *GardenGlories*.

Return completed form with payment to: GCI Insurance Liaison (address on the Members Only page of our website.)

Rev 7/12/25