

## **GCFM Club Insurance**

**Sign up March 15 through April 15, 2020 only**  
**Coverage effective June 15, 2020 through June 14, 2021**

The coverage is offered only once a year.

**WHAT IT COVERS:** The policy offered to clubs through GCFM is a "Premises" policy. It covers clubs, members and visitors as well as the meeting space. In addition, the policy covers club sales and special events as long as alcohol is NOT served. Clubs planning special events should contact our agent, Vlada Potz at (781) 235-3100 ext. 250 (vpotz@chinsurance.com) prior to the event if an insurance coverage certificate is needed. Insurance certificates are issued by the Certificate Department.

If venues or transportation services require a certificate, please e-mail Catherine Aimola directly at (caimola@chinsurance.com) with the following information: name of the garden club with insurance coverage through the Garden Club Federation's umbrella; date, time, location of the event; number of individuals participating; business / corporate name, address and phone # of the transportation service or venue requiring an insurance certificate. Ordinarily, a certificate is issued by e-mail within one business day.

**RATE:** The rate for this coverage is \$2.50 per actively participating member. An active member is one who attends one or more meetings or other club events in a given year.

**PAYMENT:** Send checks to the GCFM Office, 400 Fifth Ave., Suite 110, Waltham, MA 02451. Make checks payable to GCFM and indicate "Club Insurance" on the bottom of the check to ensure your payment is properly credited. Include the form below with your payment.

**Please note this is the only time of the year you will have the opportunity to purchase or renew Club Insurance through the Federation. This notice is included in an email to each club President, the Spring Mayflower and on GCFM's website.**

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### **GCFM CLUB INSURANCE SIGN-UP FORM**

**SIGN-UP PERIOD: MARCH 15 TO APRIL 15, 2020**

**INSURANCE EFFECTIVE DATES: JUNE 15, 2020 THROUGH JUNE 14, 2021**

Club name: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Number of actively participating members at \$2.50 each

\$\_\_\_\_\_ Total Amount due. Please make your check payable to GCFM /Club Insurance.

Mail this form to: GCFM Office, 400 Fifth Ave., Suite 110, Waltham, MA 02451