



Golden State Bonsai Federation

GENERAL LIABILITY, DIRECTORS & OFFICERS, & VOLUNTEER ACCIDENT INSURANCE COVERAGE April 1, 2022 THROUGH March 31, 2023

Liability insurance protects the club and its members and association officials from financial loss due to unforeseen incidents that may develop into litigation against members and organizations. No matter how careful an organization is in regard to safety at their general meeting, show, bus trip, workshop, demonstrations, or any kind of activities, accidents may happen. The following insurance policies are available to GSBF Members to provide protection and coverage of the possible types of aforementioned incidents.

Any application for one or more policies postmarked after March 10, 2022 will be subject to a single late fee of \$50 (except new members).

General Liability Insurance:

Covers your club for claims for third parties, i.e., club members are not covered, involving bodily injuries and property damage resulting from your products, services or operations. As well as coverage to properties in which you rent to perform your operations. The policy also includes defense coverage. Should you wish to cover club members, please purchase volunteer accident insurance.

The 2022 premium for General Liability Coverage is **\$150** for clubs which they have **50** members or less and for clubs more than fifty members is **\$3.00** per member, our coverage limit for General Liability is One Million dollars

Directors and Officers Liability Insurance:

Protects directors and officers against lawsuits alleging breach of fiduciary duty. Our coverage limit for Directors & Officers is One Million dollars.

The 2022 premium for Directors & Officers Coverage is **\$250** for each GSBF member club.

Club Member and Volunteer Accident Insurance:

Provides funds, maximum benefit of \$25,000 per claim, to assist with insurance deductibles and other medical related costs as a result of injuries occurring to club members and volunteers while performing work related to bonsai club operations or participating in club sponsored events.

The 2022 premium is \$150 for clubs which they have 50 members or less and for clubs more than fifty members is \$3 per member.

Clubs wishing to procure **General Liability Coverage, Directors & Officers**, and/or **Volunteer Accident** coverage for 2022 **must pay their GSBF membership dues (\$40)** with their application sent to GSBF, P.O. Box 340694, Sacramento, CA 95834 and have completed separate application(s) for desired coverage and mail along with payment to GSBF. Membership and insurance payments can be combined onto one check.

Clubs requiring "Additional Insured Certificates" should complete the attached form for each certificate and mail along with the **\$155** payment for each certificate requested. If additional Certificates are required, you may copy the form. **Issuing certificates is a time-consuming process, and it is impossible to issue a certificate without Underwriter review, please plan ahead and send your request at least four weeks prior to your show or any events which requires certificate of insurance.**

For questions contact Dodie Newman, Treasurer/Insurance Chair via call or text at (916) 799-9575 or email dodieneuman@gmail.com. **All forms and payments should be sent to GSBF, P.O. Box 340694, Sacramento, CA 95834**



Golden State Bonsai Federation

APPLICATION FOR GENERAL LIABILITY INSURANCE April 1, 2022 through March 31, 2023

GSBF CLUB NAME _____ PHONE _____

REPRESENTATIVES NAME _____ TITLE _____

Phone#: _____ Email _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEETING LOCATION: _____

MEETING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

How often your club meets? _____

How many members your club has? _____

Are you applying for an Additional Certificate? Yes _____ No _____

(If yes, please complete the Additional Certificate Form for each Certificate)

This policy provides coverage for your club against any possible litigation **whether at the regular club meeting location(s) or at another location where any club sanctioned event takes place.**

The 2022 premium for General Liability Coverage is \$150 for clubs which they have 50 members or less and for clubs more than fifty members is \$3.00 per member.

Make Checks payable to: GSBF
Mail to: GSBF, P.O. Box 340694, Sacramento, CA 95834

Please contact Dodie Newman, Treasurer / Insurance Chair, for any questions call or text: (916) 799-9575
or email: dodienewman@gmail.com

Any application for one or more policies postmarked after March 10, 2022 will be subject to a single late fee of \$50 (except new members).

Check Number: _____ Date: _____



Golden State Bonsai Federation

APPLICATION FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

April 1, 2022 through March 31, 2023

GSBF CLUB NAME _____ PHONE _____

REPRESENTATIVES NAME _____ TITLE _____

Phone #: _____ Email: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEETING LOCATION: _____

MEETING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

How often your club meets? _____

The 2022 premium for Directors & Officers Coverage is \$250 for each GSBF member club.

Make Checks payable to: GSBF

Mail to: GSBF, P.O. Box 340694, Sacramento, CA 95834

Please contact Dodie Newman, Treasurer / Insurance Chair, for any questions: (916) 799-9575 (call or text) or email: dodienewman@gmail.com

Please fill out the financial information and has to be signed by club president or executive director.

Must fill out the Financial Report to process you D&O application

Any application for one or more policies postmarked after March 10, 2022 will be subject to a single late fee of \$50 (except new members).

2022 GSBF D&O Insurance Financial Report

We need the following financial information for your club to process your Directors & Officers Insurance along with your application and payment.

Club Name: _____

Club Address: _____

Club President: _____

Phone Number: _____ Email: _____

Total club assets for fiscal years 2020 _____ 2021 _____

Total club gross revenue for fiscal years 2020 _____ 2021 _____

Is your club incorporated? Yes _____ No _____

If yes, Date of incorporation _____ Corporation number _____

This form must be sign by one of the Chairman of the Board, President, or Executive Director of your organization.

Signature _____ Date _____

All mail for GSBF should be sent to GSBF, P.O. Box 340694, Sacramento, CA 95834.

Thank you for your assistance.

Please let us know if you have any questions.

Please contact Dodie Newman, Treasurer / Insurance Chair for any questions: (916) 799-9575 (call or text) or email: dodienewman@gmail.com



Golden State Bonsai Federation

APPLICATION FOR VOLUNTEER ACCIDENT INSURANCE April 1, 2022 through March 31, 2023

GSBF CLUB NAME _____

REPRESENTATIVES NAME _____ TITLE _____

Phone #: _____ Email: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL: _____

MEETING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NUMBER OF MEMBERS: _____

The premium is \$150 for clubs which they have 50 members or less and for clubs more than fifty members is \$3.00 per member.

This policy provides coverage for your club members in good standing against any possible litigation **whether at the regular club meeting location(s) or at another location where any club sanctioned event takes place.**

Make Checks payable to: GSBF

All mail for GSBF should be sent to GSBF, P.O. Box 340694, Sacramento, CA 95834.

Any application for one or more policies postmarked after March 10, 2022 will be subject to a single late fee of \$50 (except new members).

Please contact Dodie Newman, Treasurer / Insurance Chair, for any questions call or text:
(916) 799-9575 or email: Dodienewman@gmail.com



Golden State Bonsai Federation

Request for Additional Insured / Certificate of Insurance Cost \$155 per Certificate

All mail for GSBF should be sent to:
GSBF, P.O. Box 340694, Sacramento, CA 95834

*** Allow 4 weeks for processing – subject To Underwriter Approval ***

Club Name: _____
Representatives Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code _____
Day Time Phone: () _____ Eve Phone: () _____
Fax: _____ E-Mail: _____

Please provide following information if you need of certificate clearly

(Certificate Holder)

Organization Name: _____ Representative Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: () _____ Fax #: () _____ E-Mail: _____

Check the following which applies:

- Certificate of insurance (proof of insurance)
 Additional insured requested (attach any instruction)
 Special form or wording required (please attach)

Interest of certificate holder:

Landlord/Lessor _____ Funding Source _____ Government or Agency permit _____
Work done on their behalf _____ Other _____

Please contact Dodie Newman, Treasurer / Insurance Chair, for any questions: call or text (916) 799-9575 or email Dodienevman@gmail.com. Cost per certificate is \$155.