



# Golden State Bonsai Federation

## GENERAL LIABILITY, DIRECTORS & OFFICERS, & VOLUNTEER ACCIDENT INSURANCE COVERAGE FEB. 15, 2012 THROUGH FEB. 15, 2013

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 regards to safety at their general meeting, show, bus trip, workshop, demonstrations, or any kind of activities, accidents may happen.

### General liability Insurance

Golden State Bonsai Federation offers your club a low rate affordable **General liability Insurance**, which protects your club against the unexpected? This is one of the many advantages which you receive by being a member of **GSBF**.

The 2011 premium for General Liability Coverage is **\$125** for clubs which they have **50** members or less and for clubs more than fifty members is **\$2.50** per member.

### Directors and Officers liability Insurance

As you may know, there exist the potential of personal liability against directors, officers, employees, and volunteers of your organization for activities, responsibilities and decisions associated with your club.

In addition to General Liability Insurance, GSBF also offers a **Club Directors and Officers liability Coverage**. Unlike General liability Insurance, **Club Directors and Officers liability Coverage** provides protection for your personal assets in the event you are held personally liable for any wrongful act, error or omission in your capacity as a director, officer, and employee or volunteer, our coverage limit for both General Liability and Directors & Officers are three Million dollars each.

The 2011 premium for Directors & Officers Coverage is **\$250** for each GSBF member club.

### Volunteer Accident Insurance

General Liability and Directors & Officers Liability are just liability coverage it means protecting us against others, and we as a member or volunteer have no coverage if anything accidentally happens to us.

We have to protect our organization, members and volunteers from the financial consequences of accidental injuries.

Volunteer Accident Insurance Program is designed to provide insurance protection for all of our members and volunteers while performing supervised and sponsored volunteer activities, whether on the club premises or at another location, the premium for this coverage is \$1.85 per member or volunteer, the minimum premium for each GSBF member club is \$100, if the club has more than 50 members must calculate \$1.85 per member.

Clubs wishing to procure **General Liability Coverage, Directors & Officers**, and/or **Volunteer Accident** Coverage for 2012 **should pay their GSBF membership (\$40)** send to Bill Burns "5212 Dredger Way Orangevale, CA 95662" and fill out separate application for each coverage and mail along with their payments to Abe Far. The actual premium charge has been received from the Underwriters, but if there are any changes in the premium charge, you will be informed.

Club requiring "Additional Insured Certificates" should complete the attached form for each certificate and mail along with the **\$35** payment for each certificate requested. If additional Certificates are required, you may copy the form.

Issuing certificate 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.

Postmark deadline for submission of your 2012 insurance applications is **February 1, 2012**. Late applications will require an additional **\$45** fee.

(**Note:** All forms and payments should be forwarded through your GSBF Insurance Chair Abe Far and **not to Insurance Company**)

For questions please, phone (619) 234-3434 or E-Mail Abe\_Far@Yahoo.com

GSBF Insurance Chair

Abe Far



# Golden State Bonsai Federation

## APPLICATION FOR GENERAL LIABILITY INSURANCE FEB. 15, 2012 through FEB. 15, 2013

GSBF CLUB NAME \_\_\_\_\_ PHONE \_\_\_\_\_

REPRESENTATIVES NAME \_\_\_\_\_ TITLE \_\_\_\_\_

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 Insured Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Make Checks payable to: **GSBF INSURANCE FUND**

Mail to: Abe Far  
P. O. Box 131312  
San Diego, CA 92113

For questions please, phone (619) 234-3434 or E-Mail Abe\_Far@Yahoo.com

Membership Paid and mailed to Bill Burns

5212 Dredger Way  
Orangevale, CA 95662

Check Number : \_\_\_\_\_ Date: \_\_\_\_\_

**Postmark deadline for submission of your 2012 application is February 1, 2012  
Fee of \$45 applies to each late application (except new members).**



# Golden State Bonsai Federation

## APPLICATION FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

**FEB. 15, 2012 through FEB. 15, 2013**

GSBF CLUB NAME \_\_\_\_\_ PHONE \_\_\_\_\_

REPRESENTATIVES NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

MEETING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How often your club meets? \_\_\_\_\_

**Make Checks payable to:      GSBF INSURANCE FUND**

Mail to:                      Abe Far  
                                    P. O. Box 131312  
                                    San Diego, CA 92113

For questions, phone (619) 234-3434 or E-Mail    Abe\_Far@yahoo.com

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

Membership Paid and mailed to Bill Burns

5212 Dredger Way  
Orangevale, CA 95662

Check Number : \_\_\_\_\_ Date: \_\_\_\_\_

**Postmark deadline for submission of your 2012 application is February 1, 2012.  
Fee of \$45 applies to each late application (except new members).**

# 2012 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 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

Total club gross revenue for fiscal years 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

Is your club incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide 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 \_\_\_\_\_

Thank you for your assistance.

Please let us know if you have any questions.

Abe Far  
GSBF Insurance Director

P. O. Box 131312  
San Diego, CA 92113  
619-234-3434

Abe\_Far@yahoo.com



# Golden State Bonsai Federation

## APPLICATION FOR VOLUNTEER ACCIDENT INSURANCE

FEB. 15, 2012 through FEB. 15, 2013

GSBF CLUB NAME \_\_\_\_\_

REPRESENTATIVES NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEETING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The premium for this coverage is \$1.85 per member or volunteer, the minimum premium for each GSBF member club is \$100, and if the club has more than 54 members they must calculate \$1.85 per member.

**Make Checks payable to:      GSBF INSURANCE FUND**

Mail to:                      Abe Far  
                                    P. O. Box 131312  
                                    San Diego, CA 92113

**We do not accept application for this coverage after March 15, 2012**

For questions, phone (619) 234-3434 or E-Mail    Abe\_Far@yahoo.com

Membership Paid and mailed to Bill Burns

5212 Dredger Way  
Orangevale, CA 95662

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_



# Golden State Bonsai Federation

## Request for Additional Insured / Certificate of Insurance

Mail to: Abe Far, GSBF Insurance  
P. O. Box 131312  
San Diego, CA 92113

### Allow 4 weeks for processing – Subject To Underwriter Approval

Club's Name: \_\_\_\_\_

Representatives Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Phone: ( ) \_\_\_\_\_ Eve Phone: ( ) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name, mailing address, and fax number of the person or organization that has requested that you provide proof of insurance and/or additional insured.

#### (Certificate Holder)

Organization Name: \_\_\_\_\_ Representative Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check one of 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 \_\_\_\_\_ Govt. or Agency permit \_\_\_\_\_

Work done on their behalf \_\_\_\_\_ Other \_\_\_\_\_

Please contact Abe Far GSBF Insurance Director if any questions:

(619) 234-3434 or E-Mail Abe\_Far@yahoo.com