



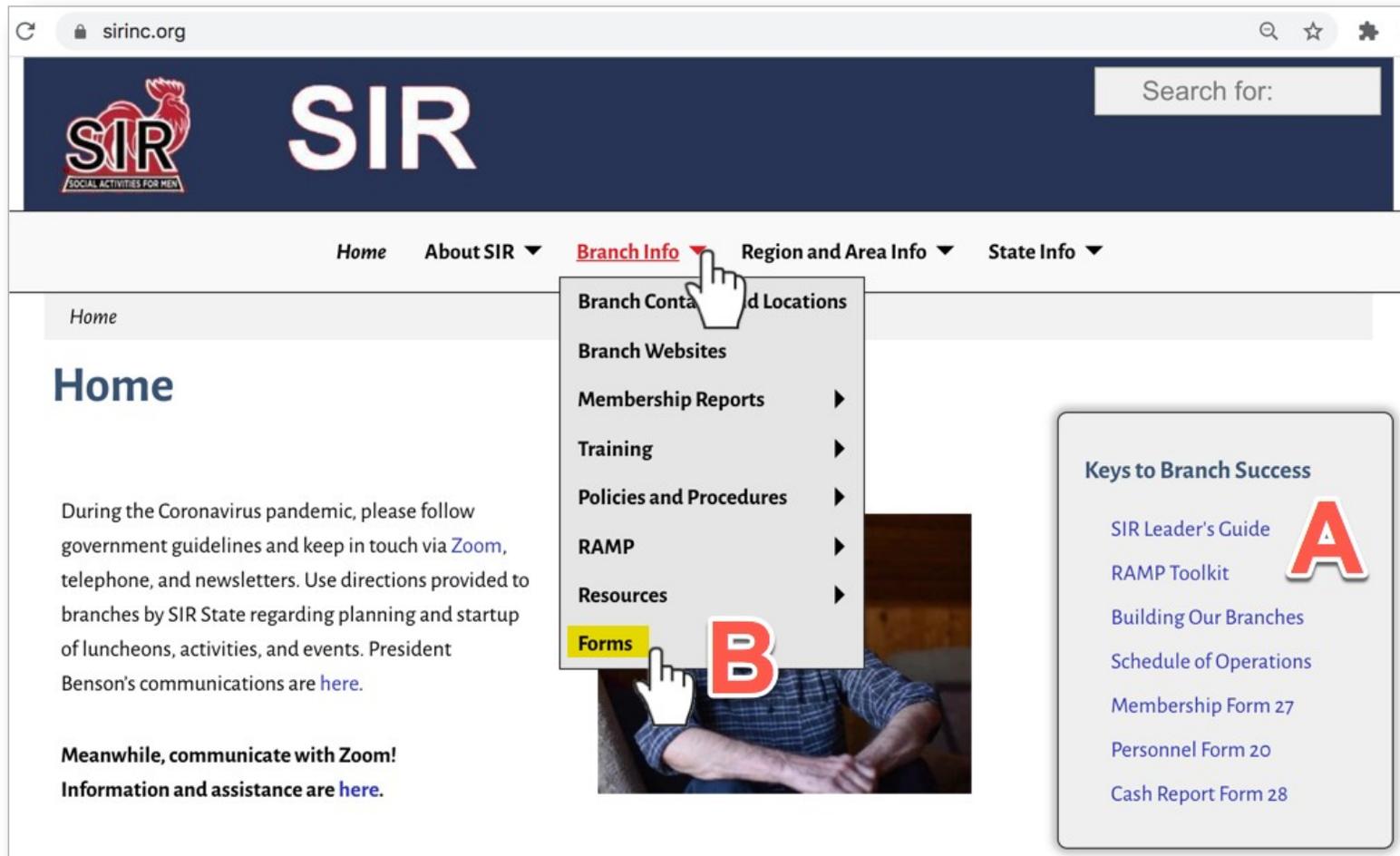
SIR State Insurance



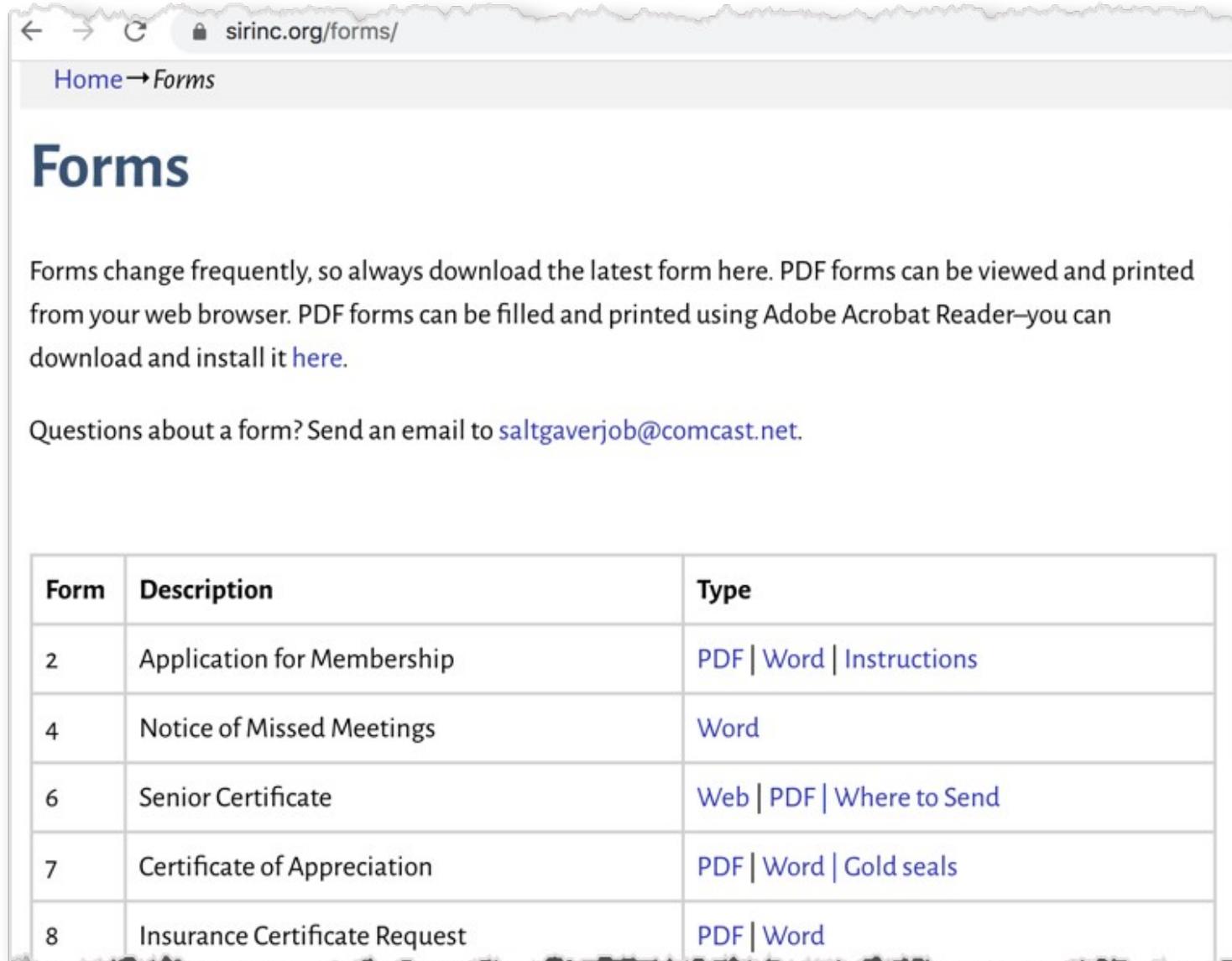
Today's presenter is Craig Hoffhines.

Submit your questions using, Zoom Chat, found at the menu on the bottom. Send your question to "everyone." They will be answered at the end of Craig's talk.

- A. Link to all coverages is found under Keys to Branch Success in the SIR Leaders Guide
- B. Link to all forms is found under "Branch Info" at sirinc.org



Scroll down the page to find the form you need.



The screenshot shows a web browser window with the address bar displaying "sirinc.org/forms/". The page has a breadcrumb trail "Home → Forms" and a main heading "Forms". Below the heading is a paragraph explaining that forms change frequently and providing instructions on how to view and print PDF forms. It also includes an email address for questions: "saltgaverjob@comcast.net". At the bottom, there is a table with three columns: "Form", "Description", and "Type".

Forms change frequently, so always download the latest form here. PDF forms can be viewed and printed from your web browser. PDF forms can be filled and printed using Adobe Acrobat Reader—you can download and install it [here](#).

Questions about a form? Send an email to saltgaverjob@comcast.net.

Form	Description	Type
2	Application for Membership	PDF Word Instructions
4	Notice of Missed Meetings	Word
6	Senior Certificate	Web PDF Where to Send
7	Certificate of Appreciation	PDF Word Gold seals
8	Insurance Certificate Request	PDF Word

The next slides will examine three forms ...



INSURANCE CERTIFICATE REQUEST

Use **only** when required as a condition for the use of the facility.

1. REQUESTING SIR MEMBER:

Sir requesting certificate			
	First Name	MI	Last Name
Branch requesting certificate	Branch Name		Branch No.
Branch contact	First Name	MI	Last Name
	Phone with Area Code		

2. ISSUE CERTIFICATE TO:

Name of Facility			
Mailing address			
Should the proprietor of the facility be named as additional insured?	YES	<input type="checkbox"/>	NO
Type of event:	Meeting	<input type="checkbox"/>	Meal/Dance
	Picnic	<input type="checkbox"/>	Other(specify)
Date of event:	Regularly scheduled	<input type="checkbox"/>	Specific (specify)
Location of event:			

Note: The original certificate will be issued to and mailed to the named Facility. A copy of the certificate will be sent to the SIR State Insurance Committee c/o Craig Hoffhines <CFINES@ATT.NET>.

Janelle Jones, Account Manager (Direct phone line: 805-543-6887 x 389)

Morris & Garritano Insurance -

Email or fax this form to:

JJones@MORRISGARRITANO.COM

FAX: 805-543-3064

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Insurance Certificate Request

PDF | Word



Incorporated
A Non-Profit Public Benefit Corporation For Retired Men Devoted to the
Promotion of Independence and Dignity of Retirement

7/13/2019

This is to certify that the below listed Branch DOES NOT hire a caterer for
their Branch functions.

Signed _____ Big Sir

Branch No. _____

Branch Name _____

Form 64B, FAQ forms 63 & 64
By Derek Southern, 8/15/2017

Some Questions and Answers about Insurance Forms 63 and 64 and caterers.

What is an independent caterer?

An independent caterer is one hired by your branch to provide a meal for a monthly meeting, a BBQ, picnic, a Ladies Day etc. If the caterer is part of the organization from which you rent a meeting area they are not an independent caterer. Note: The cost of the meeting area may be combined with the meal or other charges so it may be thought of as 'free'.

When do I use Form 63?

Use Form 63 to confirm you are not using an independent caterer for your regular monthly meetings.

I have signed a Form 63 to cover our monthly meetings, but what if we also have a BBQ or other event where we hire an independent caterer?

You need to give any independent caterer a Form 64 requesting a certificate of liability insurance.

When do I use Form 64?

Any time you hire an independent caterer you need to provide that caterer with a Form 64 requesting a certificate of liability insurance. It is suggested you meet with the caterer and

INSURANCE PROVISIONS FOR SONS IN RETIREMENT

The undersigned contractor is required to maintain and provide proof that it has in full force and effect the following insurance coverages:

1)Comprehensive liability insurance, with primary liability limits of \$1,000,000 for each occurrence and \$2,000,000 in aggregate.

2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities").

3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non-payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

THE SIR ENTITIES

SONS IN RETIREMENT DAMIAN REYNOLDS **SONS IN RETIREMENT, INCORPORATED**
BRANCH NO. 1, INCORPORATED

Michael A. Garoutte
Branch Secretary
1121 Notre Dame Ave
Belmont, CA 94002

Craig Hoffhines
SIR Insurance Chairman
2505 Polar Star St
Rocklin, CA 95677

I agree to the terms of these Provisions.

Name of Contractor

Check One: Sole Proprietorship Corporation Partnership Limited Liability Company

Authorized Signature of Contractor

Date

Address of Contractor

Distribution: Branch Secretary, SIR Insurance Chairma

Form 64, 8/17/2019

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By Derek Southern, 8/15/2017

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- 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non-payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

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- 2)Worker's Compensation Insurance, in accordance with State Workers' Compensation laws, for all of Contractor's employees engaged in the providing of services to Sons in Retirement, Incorporated or the SIR Branch listed below (the "SIR Entities").
- 3)Automobile liability insurance, including hired and non-hired automobile coverage, with a limit of not less than \$500,000 per occurrence for each vehicle used in providing contract services.

The above insurances, where appropriate, shall name Sons in Retirement, Incorporated and the SIR Branch listed below (the "SIR Entities"), as additional insureds. Each insurance certificate evidencing the above insurance shall contain a provision that the insurance company will give both of the SIR Entities ten (10) days written notice in the case of non-payment and thirty (30) days written notice in the case of any material change or cancellation or termination for any reason other than non-payment. The above insurance coverage must be written by an insurance carrier with an A.M. Best Key Rating of A- Class 6 or better, and the insurance carrier must be licensed to do business in the State of California. Certificates evidencing that the aforesaid insurances are in full force and effect must be provided to both the SIR Entities prior to the commencement of contract services or as soon as possible after this document is fully executed if contractor is currently providing services either of the SIR Entities. Such certificates are to be mailed or delivered to the SIR Entities at following addresses or at such other addresses as are provided by the SIR Entities to contractor at contractor's address below.

SONS IN RETIREMENT
BRANCH

Mic
Br
1121
Bel

I agree to the terms

Name of Contract

Check One:

Authorized Signatur

Address of Contract

Distribution: Branch

Form 64, 8/17/2

INSURANCE PROVISIONS

The undersigned contractor is required to maintain an insurance coverages:

- 1)Comprehensive liability insurance, with primary liability \$2,000,000 in aggregate.
- 2)Worker's Compensation Insurance, in accordance with engaged in the providing of services to Sons in Retirement
- 3)Automobile liability insurance, including hired and non-occurrence for each vehicle used in providing contract ser

The above insurances, where appropriate, shall listed below (the "SIR Entities"), as additional ins insurance shall contain a provision that the insur written notice in the case of non-payment and th or cancellation or termination for any reason oth be written by an insurance carrier with an A.M. B carrier must be licensed to do business in the St insurances are in full force and effect must be pr contract services or as soon as possible after th services either of the SIR Entities. Such certifi following addresses or at such other addresses : contractor's address below.

**THE
SONS IN RETIREMENT DAMIAN REYNOL
BRANCH NO. 1, INCORPORATED**

Michael A. Garoutte
Branch Secretary
1121 Notre Dame Ave
Belmont, CA 94002

I agree to the terms of these Provisions.

Name of Contractor

Check One: Sole Proprietorship:

Authorized Signature of Contractor

Address of Contractor

Distribution: Branch Secretary, SIR Insurance Ch

Form 64, 8/17/2019

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BRANCH NO. 1, INCORPORATED**

SONS IN RETIREMENT. INCORPORATED

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2505 Polar Star St
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I agree to the terms of these Provisions.

Name of Contractor

Check One: Sole Proprietorship: Corporation Partnership Limited Liability Company

Authorized Signature of Contractor

Date

Address of Contractor

Distribution: Branch Secretary, SIR Insurance Chairma

Form 64, 8/17/2019



Final Questions ?



SIR State Insurance



Thanks for your attention

If you have any further questions you can contact Craig Hoffhines at cfines@att.net