



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Girl Scouts of United States of America 420 Fifth Avenue New York NY 10018-2729 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 570117314874

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
	X	COMMERCIAL GENERAL LIABILITY													
A	X	COMMERCIAL GENERAL LIABILITY				PHFD37762222011 Foreign General Liab	01/01/2026	01/01/2027	EACH OCCURRENCE	\$5,000,000					
		CLAIMS-MADE							<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
														MED EXP (Any one person)	\$25,000
														PERSONAL & ADV INJURY	\$1,000,000
														GENERAL AGGREGATE	\$5,000,000
														PRODUCTS - COMP/OP AGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:															
X	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC										
OTHER:															
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)						
	ANY AUTO							BODILY INJURY (Per person)							
	OWNED		SCHEDULED AUTOS					BODILY INJURY (Per accident)							
	AUTOS ONLY		NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)							
	Hired Autos Only														
UMBRELLA LIAB						OCCUR		EACH OCCURRENCE							
EXCESS LIAB						CLAIMS-MADE		AGGREGATE							
DED RETENTION															
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N N	N / A	PHFD37762222011 Foreign WC	01/01/2026	01/01/2027	PER STATUTE	X	OTH- ER				
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)													E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below													E.L. DISEASE-EA EMPLOYEE	\$1,000,000
														E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER

CANCELLATION

Girl Scouts of United States of America
420 Fifth Avenue
New York NY 10018-2729 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Am Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570117314874

