

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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)

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

COVERAGES CERTIFICATE NUMBER: 570103603660 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,

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	Х	COMMERCIAL GENERAL LIABILITY			PHFD37762222009	01/01/2024	01/01/2025	\$1,000,000
		CLAIMS-MADE X OCCUR			Foreign General Liab			DAMAGE TO RENTED \$1,000,000 PREMISES (Ea occurrence)
								MED EXP (Any one person) \$25,000
								PERSONAL & ADV INJURY \$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE Excluded
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$2,000,000
		OTHER:						
Α	AUT	TOMOBILE LIABILITY			PHFD37762222009 Foreign Auto	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
		ANY AUTO			For eight Auto			BODILY INJURY (Per person)
	×	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)
	X	AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
		ONLY						
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE							AGGREGATE
		DED RETENTION	1					
Α		ORKERS COMPENSATION AND MPLOYERS' LIABILITY			PHFD37762222009	01/01/2024	01/01/2025	PER STATUTE X OTH-
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER		N/A		Foreign WC			E.L. EACH ACCIDENT \$1,000,000
	(Ma	andatory in NH)	- "'^					E.L. DISEASE-EA EMPLOYEE \$1,000,000
	DE	res, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT \$1,000,000
				<u> </u>				

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

Evidence of Insurance.

CERTIFICATE HOLDER	CANCELLATION

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

USAREUR (NORAGS) c/o Girl Scouts Overseas 420 Fifth Avenue New York NY 10018 USA

Aon Risk Services Northeast, Inc.