

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be end if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).         PRODUCER       CONTACT         Palmer & Cay LLC       CONTACT         22 Barnard Steet       MME:         Suite 200       FAX         Savannah, GA 31401       INSURER(s) AFFORDING COVERAGE         INSURED       INSURER A: Illinois National Insurance Company         Girl Scouts of Citrus Council, Inc.       149         341 N. Mills Ave.       INSURER D:         Orlando FL 32803-5753       INSURER I: 1658746314         REVISION NUMBER:         COVERAGES         CERTIFICATE NUMBER: 1658746314         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PINDICATED. NOTWITH RESPECT TO WHICH	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.											
PRODUCER         CONTACT           Palmer & Cay LLC         22 Barnard Steet           Suite 200         Savannah, GA 31401           Insureze         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Insureze         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Savannah, GA 31401         Insureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace           Coverace         CertificAtte NUMBER 2000         Imsureze(s) arroobuse coverace         Imsureze(s) arroobuse coverace <td colspan="12">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</td>	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											
Palmer & Cay LLC 22 Barnard Steet Suite 200 Savannah, GA 31401	PRODUCER CONTACT											
Example 200         Solutions 200         Second 200         Insurement and 200	Paln	ner & Cay LLC			PHONE FAX							
Savannah, GA 31401  INSURER (3) AFFORONG COVERAGE INSURER A: Illinois National Insurance Company  Company  Savannah, GA 31401  INSURER A: Illinois National Insurance Company  Company  Savannah, GA 31401  INSURER A: Illinois National Insurance Company  Company  Savannah, GA 31401  INSURER A: Illinois National Insurance Company  Savannah, GA 31401  INSURER A: Illinois National Insurance Company  Savannah, GA 31401  INSURER C:  INSUR C:  INSURER C:  INSURER C:							(A/C, No, Ext): (A/C, No):					
Insure A: Illinois National Insurance Company     2       Insure B:     Imsure B												
NSURED       140         Cirl Scouts of Citrus Council, Inc.       141         Stri Scouts of Citrus Council, Inc.       141         NSURER C:       1         NSURER B:       1         INSURER B:       1         INDICATED:       CONTWITH STANDICANT REQUIREMENT, THEM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VHICUS CERTIFICATE NUMBER:         INDICATED:       SUBJECT TO ALL THE TEXCUSION SOF SUCH POLICES.         INDICATED:       A ADOULSES SUBJECT SHOWN ANY AND EDESCRIBED ESCRIBED ESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCUSION SOF SUCH POLICES.         INTRO CITES AND CONDITIONS OF SUCH POLICES.       101/2024         INTRO CITES AND CONDICIDENT AGREED AND CONDITIONS OF SUCH POLICES.       1000.000         GENT AGREED ALD ADD CONDICIDENT AGREED AND CONDITION OF ANY CONTRACT OR OTHER COUNCES.       1000.000         GENT AGREGATE LINT APPLIES PER:       1000000												
Bit Souts of Citrus Council, Inc.       INSURER 6:       INSURER 6:       INSURER 6:         Orlando FL 32803-5753       INSURER 6:       INSURER 6:       INSURER 6:         INSURER F:       INSURER F:       INSURER 6:       INSURER 6:         THIS IS TO CERTIFY THAT THE POLICISE OF INSURANCE LISTED BELOW MAYE BEEN ISSUED TO THE INSURE NOVE BOOK FOR THE POLICY F       INSURER 6:       INSURER 6:         THIS IS TO CONTINUE TAXT THE POLICISE OF INSURANCE AFCORDED BY THE POLICISE DESCRIPTE MAYE BEEN RESULED OR MAY PEDENTAIN, THE INSURANCE AFCORDED BY THE POLICISE DESCRIPTE POLICY INSURANCE AFCORDED BY THE POLICIES DESCRIPTE IN SUBJECT TO ALL THE T         EXEMPTION S AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREIN IS SUBJECT TO ALL THE T       EACH OCCURRENCIA CENERAL LIBUITY         A       X       COMMERCIA CENERAL LIBUITY       Y       AIP1333691201       1/1/12024       1/1/12024       EACH OCCURRENCE       S 1.000.000         GENERAL AGGREGATE       INSUMPRE       INSUMPRE       INSUMPRE       INSUMPRE       S 1.000.000         GENERAL AGGREGATE       INSUMPRE       INSUMPRE       INSUMPRE       INTERS S 1.000.000         GENERAL AGGREGATE       INSUMPRE       INSUMPRE       INTERS S 1.000.000       INTERS S 1.000.000         GENERAL AGGREGATE       INSUMPRE       INSUMPRE       INTERS S 1.000.000       INTERS S 1.000.000       INTERS S 1.000.000												
341 N. Mills Ave. Orlando FL 32803-5753       INSURER C:       Insurer C         INSURER D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:         INSURER C:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:         INDICATED. NOTWITHSTANDING ANY REQUIREMENT. THEM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VHICE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADL CLAMS.         INSURER C:       INSURER D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D:       Insurer D:       Insurer D:       Insurer D:         INSURER D:       Insurer D:       Insurer D: <td< td=""><td colspan="6"></td><td colspan="5">INSURER B :</td></td<>							INSURER B :					
INSURER E :           INSURER F :           INSURER F :           INSURER F :           COVERAGES         CERTIFICATE NUMBER: 1658746314           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ON THE NOUCEP NAMED ABOVE FOR THE POLICY FOR INDICATED. NOTWITH STEPOLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS UBJECT TO ALL THE T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADI CLAMS.           NTR         TYPE OF INSURANCE         A COMMERCIAL GENERAL LIABILITY           A         COMMERCIAL GENERAL LIABILITY         Y         A AIP1333691201         11/1/2024         11/1/2025         GENERATE INT APPLIES PER: FOR CLAWS AND COLURE CLAMS.           MATOMOGNEL LIABILITY         Y         A AIP1333691201         11/1/2024         11/1/2025         COLUCIES COMPORED SINGLE LIMIT S FOR CLAWS AND COLURE CLAMS.           MAND NO	341 N. Mills Ave.											
INSURER F:           COVERAGES         CERTIFICATE NUMBER: 1658746314           REVISION NUMBER:           THIS IS TO SCHITLY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED FOR THE POLICY PINDED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY PAID CLAIMS.           INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INDICATED. NOTWITHSTANDING CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INDICATED. NOTWITHSTANDING CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INDICATED. NOTWITHSTANDING CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INTY POLICY DEVENTIONS           INTY OF INSURANCE         INTY OF INSURANCE           INTY OF INSURANCE         INTY	Orlando FL 32803-5753						INSURER D :					
COVERAGES         CERTIFICATE NUMBER: 1658746314         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINITS SHOWN MAY HAVE BEEN REDUCED BY PRID CLAIMS.           NINK         TYPE OF INSURANCE         ADDISURS         POLICY NUMBER         POLICY PRID         LINITS           A         X         COMMERCIAL GENERAL LIABILITY         Y         AIP1333691201         1/1/2024         1/1/2025         EACH OCCURRENCE         \$1,000,000           GENAL AGGREGATE LIMIT APPLIES PER:         POLICY NUMBER         POLICY NUMBER         1/1/2024         1/1/2025         EACH OCCURRENCE         \$             10,000           OTHER         SCHEDULED         LINITS         AUTOMODITY         AMAGE TO REINTED         \$             10,000         MMODITYYTY         LINITS         EACH OCCURRENCE         \$             10,000         BODUL'NUMY (Per person)         \$             10,000,000												
THES IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABMED ABOVE FOR THE POLICY POLICIES INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABMED ABOVE FOR THE POLICY BUNCH         MIDICATED NOTWITTSTANDING ANY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         INTY FO FINISURANCE       INSURANCE INTY         A       X       COMMERCIAL GENERAL LIABILITY         A       X       COMMERCIAL GENERAL LIABILITY         A       X       COMMERCIAL GENERAL LIABILITY         Y       AIP1333691201       1/1/2024         I/1/2025       EACH OCCURRENCE       \$ 1,000,000         MEM       Y       AIP1333691201       1/1/2024         I/1/2026       FREMISES LEB ACCURRENCE       \$ 1,000,000         MEM       JECT       LOC       POLICY         I/102015       JECT       LOC       POLICY       \$ 0,000,000         MEM       JECT       LIABILITY       AIP1333691201       1/1/2024       1/1/2025       EACH OCCURRENCE       \$ 1,000,000         GENERAL AGREGATE       LIABILITY       AIP1333691201       1/1/2024       1/1/2025       REDUCE LIMIT \$ 1,000,000         AUTONO ONLY       SCHEDULED       AUTOS O												
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICED BY PAID CLAMMS. INSURANCE INSURANCE IN												
A       X       COMMERCIAL GENERAL LABILITY       Y       AIP1333691201       1/1/2024       1/1/2025       EACH OCCURENCE: PREMISES LEA GOLOCURENCE: S1.000.000       \$1.000.000         A       CLAIMS-MADE       X       OCCUR       \$1.000.000       PREMISES LEA GOLOCURENCE: S1.000.000       \$1.000.000         GENERAL AGGREGATE LIMIT APPLIES PER:       PRO       Loc       F       F       \$1.000.000         GENERAL AGGREGATE LIMIT APPLIES PER:       PRO       Loc       F       S       \$0.000         GENERAL AGGREGATE LIMIT APPLIES PER:       F       F       F       F       S       \$0.000         OTHER:       F       Loc       F       S       \$0.000       GENERAL AGGREGATE LIMIT APPLIES PER:       \$0.000       \$0.000       F       F       S       \$0.000       F       F       S       \$0.000       GENERAL AGGREGATE LIMIT APPLIES PER:       \$0.000       \$0.000       F       S       \$0.000       F       S       \$0.000       F       F       S       \$0.000       F       S       \$0.000       F       S       F       S       F       S       F       S       F       S       F       S       F       S       F       S       F       S       F <t< td=""><td colspan="12">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.</td></t<>	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.											
Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur       Image: Claims-Made X occur         Image: Claims-Made X occur       Image: Clai		TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
CLAIMS-MADE       OCCUR       \$1,000,000         MED       EXPENSES (Ea occurrence)       \$1,000,000         MED       EXPENSES (Ea occurrence)       \$1,000,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       JESCNIL & ADVINURY       \$1,000,000         OTHER:       S       S       S         AUTOMOBILE LIABLITY       LOC       S       S         ANY AUTO       SCHEDULED       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS       NO.0WINED       AUTOS       S         AUTOS ONLY       AUTOS       NO.0WINED       BODILY INJURY (Per person)       \$         AUTOS ONLY       NO.0WINED       AUTOS       S       BODILY INJURY (Per person)       \$         AUTOS ONLY       NO.0WINED       AUTOS ONLY       NO.0WINED       S       BODILY INJURY (Per person)       \$         AUTOS ONLY       NO.0WINED       AUTOS ONLY       NO.0WINED       S       BODILY INJURY (Per person)       \$         AUTOS ONLY       NO.0WINED       AUTOS ONLY       NO.0WINED       S       BODILY INJURY (Per person)       \$         AUTOS ONLY       NO.0WINED       AUTOS ONLY       NO.0WINED       S       BODILY INJURY (Per person)       \$         MORE	Α	X COMMERCIAL GENERAL LIABILITY	Y		AIP1333691201			1/1/2025		\$ 1,000	,000	
GENL AGGREGATE LIMIT APPLIES PER:       PERSONAL & ADV INJURY       \$ 1,000,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       PERSONAL & ADV INJURY       \$ 1,000,000         OTHER:       GENERAL AGGREGATE LIMIT APPLIES PER:       PERSONAL & ADV INJURY       PERSONAL & ADV INJURY       \$ 3,000,000         AUTOMOBILE LIABILITY       GOMBINED SINGLE LIMIT       \$       \$       \$         ANY AUTO       SCHEDULED       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per accident)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$         MOBERLIALIAB       OCCUR       \$       \$       \$         DED       R		CLAIMS-MADE X OCCUR								\$ 1,000	,000	
GENL AGGREGATE LIMIT APPLIES PER:       B       GENERAL AGGREGATE IS 3000000/5C         POLICY       PEC       LOC       PRO-         OTHER:       C       S         ANTOMOBILE LIABILITY       S       BODILY INJURY (Per person)       S         OWNED       SCHEDULED       NON-OWNED       BODILY INJURY (Per person)       S         OWNED       AUTOS ONLY       AUTOS       SCHEDULED       S         AUTOS ONLY       AUTOS       AUTOS       S       BODILY INJURY (Per person)       S         PROPERTY DAMAGE       S       S       BODILY INJURY (Per person)       S       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S       S       S         VORKERS COMPENSATION       AUTOS ONLY       AUTOS ONLY       S       S         VORKERS COMPENSATION       CLAIMS-MADE       S       S       S         VORKERS COMPENSATION S       CLAIMS-MADE       S       S       S         VORKERS COMPENSATION S       CLAIMS-MADE       S       S       S         VORKERS COMPENSATIONS       V/N       N/A       E.L. DISEASE - POLICY LIMIT       S         AND EMPLOYERS COMPENSATIONS       N/A       E.L. DISEASE - POLICY LIMIT       S									MED EXP (Any one person)	\$ 10,00	0	
POLICY       JECT       LOC       PRODUCTS - COMP/OP AGG       \$3,000,000         OTHER:       AUTOMOBILE LIABILITY       \$       S       \$         AUTOMOBILE LIABILITY       BODILY INJURY (Per person)       \$       BODILY INJURY (Per person)       \$         ANY AUTO       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per accident)       \$       BODILY INJURY (Per accident)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$         MUBRELLA LIAB       OCCUR       CLAIMS-MADE       \$       \$       \$       \$         DED       RETENTIONS       CLAIMS-MADE       \$       \$       \$       \$       \$         MORKERS COMPENSATION       OCCUR       \$       \$       \$       \$       \$       \$         MORKERS COMPENSATION       N / A       \$									PERSONAL & ADV INJURY	\$ 1,000,000		
OTHER:       AUTOMOBILE LABILITY       \$         ANY AUTO       SCHEDULED       AUTOS         AUTOMOBILE LABILITY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         BODILY INJURY (Per person)       \$       BODILY INJURY (Per person)       \$         WORKERS COMPENSIONALINE       AUTOS ONLY       \$       \$       \$         DED       RETENTION \$       CLAIMS-MADE       \$       \$       \$         WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       N / A       \$       \$       \$       \$         MORDER'S LIABLITY       Y/N       N / A       \$       \$       \$       \$       \$         MORDER'S LIABLITY       N / A       A       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$		GEN'L AGGREGATE LIMIT APPLIES PER:	IIT APPLIES PER:						GENERAL AGGREGATE	\$ 3000	000/5000000	
OTHER:       AUTOMOBILE LABILITY       \$         ANY AUTO       SCHEDULED       AUTOS         AUTOMOBILE LABILITY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         BODILY INJURY (Per person)       \$       BODILY INJURY (Per person)       \$         WORKERS COMPENSIONALINE       AUTOS ONLY       \$       \$       \$         DED       RETENTION \$       CLAIMS-MADE       \$       \$       \$         WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       N / A       \$       \$       \$       \$         MORDER'S LIABLITY       Y/N       N / A       \$       \$       \$       \$       \$         MORDER'S LIABLITY       N / A       A       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$		POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 3,000	,000	
AUTOMOBILE LIABILITY       S         ANY AUTO       SCHEDULED         QWNED       SCHEDULED         HIRED       NON-OWNED         AUTOS ONLY       AUTOS ONLY         HIRED       NON-OWNED         AUTOS ONLY       AUTOS ONLY         HIRED       NON-OWNED         AUTOS ONLY       AUTOS ONLY         BOBILY INJURY (Per person)       \$         BOBILY INJURY (Per person)       \$         PROPERTY DAMAGE       \$         PROPERTY DAMAGE       \$         MUTOS ONLY       AUTOS ONLY         BOBILY INJURY (Per person)       \$         PED       RETENTIONS         WORKERS COMPENSATION       AUTOS DALA         ANYPROPRIETOR/PARTNER/EXECUTIVE       N/A         ANYPROPRIETOR/PARTNER/EXECUTIVE       N/A         ANYPROPRIETOR/PARTNER/EXECUTIVE       N/A         If yes describe under       N/A         DESCRIPTION OF OPERATIONS below       AIP1333691201       1/1/2024       1/1/2025         Reference       Alpoint       S       1,000,000         2,000,000       2,000,000       2,000,000       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more spa											,	
ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED NON-OWNED N									COMBINED SINGLE LIMIT	\$		
AUTOS ONLY       AUTOS       AUTOS       AUTOS       AUTOS       PROPERTYDANAGE       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       NON-OWNED       AUTOS ONLY       \$       PROPERTYDANAGE       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       OCCUR       \$       \$       \$       \$         AUTOS ONLY       AUTOS ONLY       OCCUR       CLAIMS-MADE       \$ <t< td=""><td></td><td>ANY AUTO</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td><td></td></t<>		ANY AUTO								\$		
HIRED       MUTOS ONLY       NON-OWNED       NON-OWNED       \$         AUTOS ONLY       MUTOS ONLY       MUTOS ONLY       \$       \$         MUTOS ONLY       MUTOS ONLY       OCCUR       \$       \$         MUTOS ONLY       OCCUR       CLAIMS-MADE       AGGREGATE       \$         DED       RETENTION \$       CLAIMS-MADE       \$       AGGREGATE       \$         WORKERS COMPENSATION       RETENTION \$       \$       \$       \$       \$         MORPOPRIETOR/PARTINER/PARTIN									BODILY INJURY (Per accident)	\$		
AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       Image: Constraint of the second s	-	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
Image: state stat	-								(Per accident)	\$		
EXCESS LIAB       CLAIMS-MADE       AGGREGATE       \$         DED       RETENTION \$       RETENTION \$       RETENTION \$       RETENTION \$         AND EMPLOYERS COMPENSATION       N/A       Retent of the second												
DED       RETENTION \$       S         WORKERS COMPENSATION AND EMPLOYERS' LLABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       PER N/A       OTHOR AIP 1333691201       PER N/A       OTHOR AIP 1224       OTHOR STATUTE       OTHOR STATUTE <td></td>												
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       N / A         A       Sex Abuse & Molestation       AIP1333691201       1/1/2024       1/1/2025       Per Occurrence Aggregate       1,000,000 2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities insured Girl Scout Council.		CLAIMS-MADE	-						AGGREGATE			
AND ENFORMENT OF RKS LABLETT       Y/N         AND PROPRIETO TEKS LABLETT       Y/N         AND PROPRIETO TEKS LABLETT       Y/N         AND ENFORMENT OF RKS LABLETT       Y/N         OFFICER/MEMBER EXCLUDED?       N/A         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A         A       Sex Abuse & Molestation       AIP1333691201         1/1/2024       1/1/2025         Per Occurrence Aggregate       1,000,000         2,000,000       2,000,000	v								PER OTH-	¢		
OFFICERMEMBEREXCLUDED?       M/A         (Mandatory in NH)       E.L. DISEASE - EA EMPLOYEE \$         If yes, describe under       E.L. DISEASE - POLICY LIMIT \$         DESCRIPTION OF OPERATIONS below       AIP1333691201         A       Sex Abuse & Molestation       AIP1333691201         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Per Occurrence Aggregate         The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities of insured Girl Scout Council.										•		
If yes, describe under DESCRIPTION OF OPERATIONS below       A       AIP1333691201       1/1/2024       1/1/2025       E.L. DISEASE - POLICY LIMIT       \$         A       Sex Abuse & Molestation       AIP1333691201       1/1/2024       1/1/2025       Per Occurrence Aggregate       1,000,000       2,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities of insured Girl Scout Council.	0	OFFICER/MEMBER EXCLUDED?	N / A									
A       Sex Abuse & Molestation       AIP1333691201       1/1/2024       1/1/2025       Per Occurrence Aggregate       1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities in sured Girl Scout Council.	- li	f ves. describe under										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Aggregate       2,000,000         The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities insured Girl Scout Council.       Scout Council					AID1333601201		1/1/2024	1/1/2025			000	
The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities insured Girl Scout Council.		264 MARE & MOLESIGNON			AIL 1999081501		1/1/2024	1/1/2025				
CERTIFICATE HOLDER CANCELLATION	UER						ELLATION					
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS. 817 Bill Beck Blvd	817 Bill Beck Blvd											

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