

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/27/2023

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).									
PRODUCER					CONTACT Donna Caruso				
NSM Insurance Group					PHONE (610) 808-9587 FAX (610) 941-9889 (A/C, No): (610) 941-9889				
555	North Lane - Suite 6060				E-MAIL ADDRES	E-MAIL ADDRESS:			
					INSURER(S) AFFORDING COVERAGE NAIC				NAIC #
Conshohocken PA 19428					INSURER A: Philadelphia Ins. Companies				18058
INSURED					INSURER B: UPMC Health Benefits Inc.				11018
Girl Scouts of Eastern PA					INSURER C :				
330 Manor Road					INSURER D :				1
					INSURER E :				
Miquon PA 19444					INSURER F :				<u> </u>
CO	VERAGES CER	TIFIC		NUMBER: Master LV 202				REVISION NUMBER:	.d.
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		ADDL	SUBR		REDUC	POLICY EFF	POLICY EXP	I MITO	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		00,000
								DAMAGE TO RENTED 100	),000
А	Sexual/Physical/Molest #2M Aggr.			PHPK2571380		06/30/2023	06/30/2024	MED EXP (Any one person) \$	00,000
~	Sexual/Physical/Molest #2M Aggr.			111112371300		00/30/2023	00/30/2024		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 4,00 \$	10,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 1,00 (Ea accident)	00,000
	X ANY AUTO							BODILY INJURY (Per person) \$	
А	OWNED SCHEDULED AUTOS			PHPK2571380	С	06/30/2023	06/30/2024	BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$	
								\$	
								EACH OCCURRENCE \$ 10,0	000,000
А	EXCESS LIAB CLAIMS-MADE			PHUB870278		06/30/2023	06/30/2024		000,000
	DED RETENTION \$ 10,000	1						s	
	WORKERS COMPENSATION							PER OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$ 500	0,000
В	OFFICER/MEMBER EXCLUDED?	N/A		WC100-2025563-2023A		06/30/2023	06/30/2024	500	),000
	If yes, describe under							500	),000
	DESCRIPTION OF OPERATIONS below								2,470,591
А	Property/Bldg & Contents Special Form			PHPK2571380		06/30/2023	06/30/2024	u u u u u u u u u u u u u u u u u u u	916,336
									856,142
DES		S (AC		01 Additional Remarks Schodula	may bo of	tached if more o	ace is required)	φ2,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
"Evidence of Coverage Only"									
CERTIFICATE HOLDER CANCELLATION									
Info Only					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				
						Jos Sin			
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