

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" | | | | | | | | | |
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| 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 | | | |
| | | | | | | | \sim | og on | |

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