

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/26/2024

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				olicy, certain policies may require an endorsement. A statement on h endorsement(s).						
PRODUCER						CONTACT Donna Caruso					
NSM Insurance Group					PHONE (610) 909 0597 FAX (610) 041 0880					941-9889	
555 North Lane - Suite 6060						(A/C, No, Ext): (A/C, No): (B/C,					
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
Conshohocken PA 19428					INSURER A: Philadelphia Ins. Companies					18058	
INSURED					INSURER B: Zenith Insurance Company				13269		
Girl Scouts of Eastern PA					INSURER C:						
330 Manor Road				INSURER D:							
					INSURER E:						
Miquon				PA 19444	INSURER F:						
COVERAGES CER			TIFICATE NUMBER: Master Shelly			Ridge 24-25 <b>REVISION NUMBER:</b>					
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.  INST											
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
Α	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,00 \$ 100,	0,000	
	CLAIMS*WADE 24 OCCUR							MED EXP (Any one person) \$ 20,0		000	
	Sexual/Physical/Molest \$2M a Aggr			PHPK2571380		06/30/2024	06/30/2025	PERSONAL & ADV INJURY	\$ 2,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 4,00	0,000	
Α	OTHER: AUTOMOBILE LIABILITY					06/30/2024	06/30/2025	COMBINED SINGLE LIMIT	\$ 1,00	0.000	
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person)			
	OWNED SCHEDULED			PHPK2571380				BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	✓ UMBRELLA LIAB     ✓ OCCUR							EACH OCCURRENCE	<sub>\$</sub> 10,0	00,000	
Α	EXCESS LIAB CLAIMS-MADE			PHUB870278		06/30/2024	06/30/2025	<del> </del>		00,000	
	DED RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Z1419610			06/30/2024	06/30/2025	PER STATUTE OTH-			
				Z141961001				E.L. EACH ACCIDENT	<sub>\$</sub> 500,	000	
								E.L. DISEASE - EA EMPLOYEE \$ 500,		·	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	000	
	Property/Bldg & Contents Special Form							Blkt Bldg		435,905	
Α				PHPK2571380		06/30/2024	06/30/2025	Blkt Contents		84,451	
								Bus. Income	\$2,8	53,969	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
"Evidence of Coverage 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					