



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2025

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 Palmer & Cay LLC 22 Barnard Street Suite 200 Savannah, GA 31401	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <a href="mailto:gssolutions@palmerandcay.com">gssolutions@palmerandcay.com</a>
	INSURER(S) AFFORDING COVERAGE INSURER A: Granite State Insurance Company
INSURED 176 Girl Scouts of the Green and White Mountains 1 Commerce Drive Bedford NH 03110-6835	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 1296189439

## 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		AIP1333682903	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	OTHER:						MED EXP (Any one person)	\$ 10,000	
	AUTOMOBILE LIABILITY ANY AUTO						PERSONAL & ADV INJURY	\$ 1,000,000	
	OWNED AUTOS ONLY HIRED AUTOS ONLY 6036274158						GENERAL AGGREGATE	\$ 3,000,000	
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY 6036274158						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	COMBINED SINGLE LIMIT (Ea accident)	\$						
		BODILY INJURY (Per person)	\$						
		BODILY INJURY (Per accident)	\$						
		PROPERTY DAMAGE (Per accident)	\$						
DED <input type="checkbox"/> RETENTION \$	EACH OCCURRENCE	\$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					AGGREGATE	\$		
						PER STATUTE	OTHE- R	\$	
						E.L. EACH ACCIDENT	\$		
						E.L. DISEASE - EA EMPLOYEE	\$		
						E.L. DISEASE - POLICY LIMIT	\$		
A	Sex Abuse & Molestation			AIP1333682903	1/1/2026	1/1/2027	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 the insured Girl Scout Council.

## CERTIFICATE HOLDER

## CANCELLATION

For Information 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 

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