

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2017

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 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 liquid such such endorsement(s).

certificate holder in lieu of such endorsement(s).					
PRODUCER CONTACT NAME:					
	PHONE (A/C, No.				
1	E-MAIL ADDRESS:				
1	INSURER(S) AFFORDING COVERAGE NAIC #				
	INSURER A :Old Republic Insurance Co.				
INSURED: Boy Scouts of America, National Council and All of its	INSURER B:				
. affiliates and subsidiaries including:	INSURER C:				
Bay-Lakes Council Boy Scouls of America	INSURER D:				
FOW OLUBES OF AMERICA	INSURER E:				
<u> </u>	INSURER F: ,				
COVERAGES CERTIFICATE NUMBER: 1862740137	7		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICION BY THE POLICION OF THE POLICION BY	T OR OTHER ES DESCRIBE / PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE ADDL SUBRUM POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	ì	
A GENERAL LIABILITY Y	3/1/2017 3/1/2017	3/1/2018 3/1/2018		\$1,000,000	
X COMMERCIAL GENERAL LIABILITY	3/1/2017	3/1/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE X OCCUR		1.	MED EXP (Any one person)	\$.	
<u> </u>			PERSONAL & ADV INJURY	5	
			GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	•]		PRODUCTS - COMP/OP AGG	\$	
X POLICY PRO- JECT LOC				\$·	
AUTOMOBILE LIABILITY	,		COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO			BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS				\$	
HIRED AUTOS NON-OWNED AUTOS		1	PROPERTY DAMAGE (Per accident)	\$	
				\$	
UMBRELLA LIAB OCCUR		1 [EACH OCCURRENCE S	Ď.	
EXCESS LIAB CLAIMS-MADE		1 [AGGREGATE	ò	
DED RETENTION \$				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?		l [E.L. EACH ACCIDENT S	;	
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$;	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$,	
	}				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)					
Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only for the limits of liability specified in such contract for the event specified herein.					
I ',					
A PROPERTY I LA LA PARA LA	A + 1 1 A W				
CERTIFICATE HOLDER	CANCELLATION	·			
State of Wisconsin	SHOULD ANY OF T	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Dept of Military Affairs	THE EXPIRATION				
· ·	ACCORDANCE WIT				
Fond du Lac National Guard Armory	AUTHORINA				
796 Sullivan Drive					
Fond du Lac, WI 54935-9165					

OLD REPUBLIC INSURANCE COMPANY IL 10 (12/06)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY POLICY

It is agreed that the Persons or Entities insured provision is amended to include:

The State of Wisconsin Department of Military Affairs, Fond Du Lac National Guard Armory is named as Additional Insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only for the limits of liability specified in such contract for Bay-Lakes Council Winter Amidships event held February 23-24, 2018 at the National Guard Armory.

Nothing herein shall operate to increase the insurers per occurrence liability limit of \$1,000,000.

AI-1625	
Policy Number:	
Insured:	Boy Scouts of America, National Council and all of its affiliates and subsidiaries and all Local Councils and all their affiliates and subsidiaries and Learning for Life
Effective Date:	03/01/17
Expiration Date:	03/01/18
Countersignature of Authorized Representative:	
Date:	11/07/17