



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/27/2019

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 lieu of such endorsement(s).

|  |  |                                    |               |
|--|--|------------------------------------|---------------|
| <b>PRODUCER</b><br>MHBT, a Marsh & McLennan Agency, LLC company<br>8144 Walnut Hill Lane, 16th Fl<br>Dallas TX 75231 | <b>CONTACT NAME:</b> Jane Passino<br><b>PHONE (A/C, No, Ext):</b> 972-770-1635<br><b>E-MAIL ADDRESS:</b> Jane_Passino@mhbt.com | <b>FAX (A/C, No):</b> 972-376-8134 |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    | <b>NAIC #</b> |
| <b>INSURED</b><br>Suffolk County Council #404<br>Boy Scouts of America<br>7 Scouting Blvd.<br>Medford NY 11763-2241  | <b>INSURER A:</b> Evanston Insurance Company   |                                    | 35378         |
|  | <b>INSURER B:</b> Evanston Insurance Company   |                                    | 35378         |
|  | <b>INSURER C:</b>  |                                    |               |
|  | <b>INSURER D:</b>  |                                    |               |
|  | <b>INSURER E:</b>  |                                    |               |
| <b>INSURER F:</b>  |  |                                    |               |

### COVERAGES

CERTIFICATE NUMBER: 1558462719

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<br>B   | <b>COMMERCIAL GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | MKLV4PBC000310<br>MKLV4EUL102026 | 3/1/2019<br>3/1/2019    | 2/1/2020<br>3/1/2020    | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | \$1,000,000<br>\$<br>\$<br>\$<br>\$2,000,000<br>\$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |                                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                              | \$<br>\$<br>\$<br>\$                                     |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b><br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |                                  |                         |                         | EACH OCCURRENCE<br>AGGREGATE   | \$<br>\$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |                                  |                         |                         | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   | \$<br>\$<br>\$   |

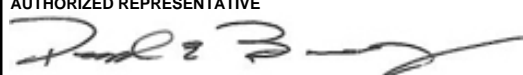
### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.

For all Official Scout Meetings and Activities held on the Certificate Holder's property during the policy period. Such insurance is Primary and Non-Contributory.

### CERTIFICATE HOLDER

### CANCELLATION

|  |   |
|--|---|
| William Floyd School District<br>240 Mastic Beach Rd.<br>Mastic Beach NY 11951 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|