

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

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|---|---|--|--------|------|-------------------------------|--|--|------------------|--|----------|-------|--|
| PRODUCER  |   |  |        |      |                               |  | CONTACT<br>NAME: Laura Craig             |                  |  |          |       |  |
| Marsh & McLennan Agency LLC<br>8144 Walnut Hill Lane, 16th Floor  |   |  |        |      |                               | PHONE (A/C, No, Ext): 972-770-1402 (A/C, No): 972-770-1699   |  |                  |  |          |       |  |
| Dallas TX 75231   |   |  |        |      |                               |  | E-MAIL ADDRESS: laura.craig@marshmma.com |                  |  |          |       |  |
|   |   |  |        |      |                               |  | INSURER(S) AFFORDING COVERAGE            |                  |  |          |       |  |
|   |   |  |        |      |                               |  | INSURER A: Evanston Insurance Company    |                  |  |          | 35378 |  |
| INSURED  Day Secure of America, National Council and all of its offiliates and subsidiaries   |   |  |        |      |                               | INSURER B:   |  |                  |  |          |       |  |
| Boy Scouts of America, National Council and all of it's affiliates and subsidiaries   |   |  |        |      |                               | INSURER C:   |  |                  |  |          |       |  |
|   |   |  |        |      |                               | INSURER D:   |  |                  |  |          |       |  |
|   |   |  |        |      |                               | INSURER E :  |  |                  |  |          |       |  |
|   |   |  |        |      |                               |  | INSURER F:                               |                  |  |          |       |  |
| CO  | VER   | AGES CER   | TIFIC  | ATE  | NUMBER: 430155702             | REVISION NUMBER:   |  |                  |  |          |       |  |
| IN<br>CI  | 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<br>LTR   |   | TYPE OF INSURANCE ADDL SUBR INSU WVD POLICY NUMBER |        |      |                               | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP                               | LIMITS           |  |          |       |  |
| A   | Х   | COMMERCIAL GENERAL LIABILITY                       | ועסטוו | .,,, | MKLV4PBC001681                |  | 3/1/2021                                 | 3/1/2022         | EACH OCCURRENCE \$ 1,000,000                 |          | .000  |  |
|   |   | CLAIMS-MADE X OCCUR                                |        |      |                               |  |  |                  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 1,000 | •     |  |
|   |   |  |        |      |                               |  |  |                  | MED EXP (Any one person)                     | \$       | ,     |  |
|   |   |  |        |      |                               |  |  |                  | PERSONAL & ADV INJURY                        | \$ 1,000 | ,000  |  |
|   | GEN   | J'L AGGREGATE LIMIT APPLIES PER:                   |        |      |                               |  |  |                  | GENERAL AGGREGATE                            | \$ 10,00 | 0,000 |  |
|   |   | POLICY PRO-<br>JECT LOC                            |        |      |                               |  |  |                  | PRODUCTS - COMP/OP AGG                       | \$       |       |  |
|   |   | OTHER:   |        |      |                               |  |  |                  |  | \$       |       |  |
|   | AUT   | OMOBILE LIABILITY                                  |        |      |                               |  |  |                  | COMBINED SINGLE LIMIT (Ea accident)          | \$       |       |  |
|   |   | ANY AUTO   |        |      |                               |  |  |                  | BODILY INJURY (Per person)                   | \$       |       |  |
|   |   | OWNED SCHEDULED AUTOS ONLY AUTOS                   |        |      |                               |  |  |                  | BODILY INJURY (Per accident)                 | \$       |       |  |
|   |   | HIRED NON-OWNED AUTOS ONLY                         |        |      |                               |  |  |                  | PROPERTY DAMAGE<br>(Per accident)            | \$       |       |  |
|   |   |  |        |      |                               |  |  |                  |  | \$       |       |  |
|   |   | UMBRELLA LIAB OCCUR                                |        |      |                               |  |  |                  | EACH OCCURRENCE                              | \$       |       |  |
|   |   | EXCESS LIAB CLAIMS-MADE                            |        |      |                               |  |  |                  | AGGREGATE                                    | \$       |       |  |
|   |   | DED RETENTION \$                                   |        |      |                               |  |  |                  | DED  | \$       |       |  |
|   |   | KERS COMPENSATION<br>EMPLOYERS' LIABILITY Y / N    |        |      |                               |  |  |                  | PER OTH-<br>STATUTE ER                       |          |       |  |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |   |  | N/A    |      |                               |  |  |                  | E.L. EACH ACCIDENT                           | \$       |       |  |
|   |   | datory in NH)<br>s, describe under                 |        |      |                               |  |  |                  | E.L. DISEASE - EA EMPLOYEE                   | \$       |       |  |
|   | DÉSC  | CRIPTION OF OPERATIONS below                       |        |      |                               |  |  |                  | E.L. DISEASE - POLICY LIMIT                  | \$       |       |  |
|   |   |  |        |      |                               |  |  |                  |  |          |       |  |
|   |   |  |        |      |                               |  |  |                  |  |          |       |  |
| DESC  | PDIDT   | ION OF OREDATIONS / LOCATIONS / VEHICL             | ES /AC | CORD | 101 Additional Remarks School | a may ba   | attached if mare                         | onaca ia raguira | الم  |          |       |  |
| 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 of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsment and is subject to the policy period, terms, limits and conditions of the policy. Certificate holders include directors, officers, agents, owners, volunteers, mortgagees and landlords as required by written contract or agreement.  For: All Official Scout Activities |   |  |        |      |                               |  |  |                  |  |          |       |  |
| CERTIFICATE HOLDER  |   |  |        |      |                               |  | CANCELLATION                             |                  |  |          |       |  |
|   |   |  |        |      |                               | 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                |                  |  |          |       |  |