CERTIFICATE NO:

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

**PRODUCER**

LIBERTY MUTUAL
2100 Walnut Hill Lane, Suite 100
IRVING, TEXAS 75038

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND EXTEND OR ALTER THE COVERAGE AFFORDED BY THE

**COMPANIES AFFORDING COVERAGE**

| | |
|---|---|
| COMPANY LETTER | A LIBERTY MUTUAL |
| COMPANY LETTER | B |
| COMPANY LETTER | C |
| COMPANY LETTER | D |
| COMPANY LETTER | E |

**INSURED**

**INSURED BOY SCOUTS OF AMERICA AND EACH LOCAL SCOUT COUNCIL INCLUDING**

**Northern Star Council, BSA**
**393 Marshall Ave**
**Saint Paul MN 55102-1795**

**COVERAGE**

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

| CO. LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION | LIMITS | |
|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS MADE [X] OCCUR.<br>[ ] CONTRACTUAL LIABILITY<br>[ ] | TB1-191-409751-127 | 3/1/2007 | 3/1/2008 | GENERAL AGGREGATE<br>PRODUCTS-COMP/OPS AGGREGATE<br>PERSONAL ADVERTISING INJURY<br>EACH OCCURRENCE<br>FIRE DAMAGE<br>MEDICAL EXPENSE | $1,000,000 |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] HIRED AUTOS<br>[ ] NON-OWNED AUTOS | | | | PER OCCURENCE<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE | |
| | EXCESS LIABILITY<br>[ ] UMBRELLA FORM<br>[ ] OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE | AGGREGATE |
| | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | | | | STATUTORY<br>EACH ACCIDENT<br>(DISEASE-POLICY LIMIT)<br>(DISEASE-EACH EMPLOYEE) | |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

**THIS CERTIFICATE IS A PROOF OF INSURANCE ONLY**

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE

BY: W. P. Collins

William P. Collins, Liberty Mutual