

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/15/2017

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 lieu of such endorsement(s).

certificate holder in lieu of such er	ndorsement(s).					
PRODUCER		CONTACT NAME:				
MHBT Inc.		PHONE (A/C, No, Ext):972-770-1600	FAX (A/C, No):972-77	72-770-1699		
8144 Walnut Hill Lane, 16th Fl Dallas TX 75231		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A :Old Republic Insurance Co.		24147		
INSURED: Boy Scouts of America, Na	ational Council and All of its	INSURER B:				
affiliates and subsidiaries including: THREE FIRES COUNCIL 127 BSA 415 N SECOND STREET	including:	INSURER C:				
		INSURER D:				
		INSURER E:				
ST. CHARLES, IL 60174		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 1862740137	REVISION NUM	IBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						

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.

E.	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A A	X COMMERCIAL GENERAL LIABILITY	Y		MWZY309927 MWZX309926	3/1/2017 3/1/2017	3/1/2018 3/1/2018	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2,000,000
	X POLICY PRO- JECT LOC						\$	3
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$	3
	ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	HIRED AUTOS AUTOS						(Per accident) \$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE \$	
	DED RETENTION \$						AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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.

THREE FIRES COUNCIL FOXFIRE DISTRICT CUB SCOUT DAY CAMP TO BE HELD AT PHILLIPS PARK ON JULY 17-21, 2017.

CERTIFICATE HOLDER	CANCELLATION
CITY OF AURORA 44 E DOWNER PLACE AURORA, IL 60505	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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