ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2011

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).

PRODUCER	CONTACT NAME:					
Smith, Bell & Thompson, Inc.		FAX (A/C, No): (802)658-6191				
40 Main St., Suite 500	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:					
P.O. Box 730						
Burlington, VT 05402-0730	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	INSURER A: Travelers Indemnity Co of America					
Girl Scouts of the Green and White Mountains	INSURER B: Phoenix Insurance Company					
PO Box 10832	INSURERC: American Guarantee					
Bedford, NH 03110	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 2012 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	:1	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S		
	· · · · · ·	IERAL LIABILITY	mon		660-9A018120			EACH OCCURRENCE	\$	1,000,000	
A	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	5,000,000	
	GEI	*L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY PRO- JECT LOC							\$		
	AU1	OMOBILE LIABILITY			BA9A014090	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$		
В	Х	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	X	NON-OWNED AUTOS							\$		
									\$		
С		UMBRELLA LIAB X OCCUR			AUC3884708-10	01/01/2012	01/01/2013	EACH OCCURRENCE	\$	10,000,000	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000	
Ĭ		DEDUCTIBLE							\$		
		RETENTION \$							\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			UB3835T384	01/01/2012	01/01/2013	X WC STATU- OTH- TORY LIMITS ER			
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	500,000	
· ·	(Mai	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
Α	Sex	ual Misconduct Coverage			660-9A018120	01/01/2012	01/01/2013	Aggregate Limit			
								Each Limit;	\$1,0	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
						ן ד					
CE	RTIF	ICATE HOLDER			CANC	ELLATION					
CANGELLATION CANGELLATION											

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

For Informational Purposes Kirk Flanagan

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