

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/16/2025

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 liquid found and property.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement (	on	
PRODUCER						CONTACT Tina Madia					
Brown & Brown of Garden City Inc.						PHONE (516) 247-5900 FAX					
595 Stewart Ave.						(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: Tina.Madia@bbrown.com					
7th FI						INSURER(S) AFFORDING COVERAGE NAIC #					
Garden City NY 11530					INSURER A: Church Mutual Insurance Company, S.I.					18767	
INSURED						INSURER B:					
The College Settlement of Philadelphia, Inc DBA College Settlement						INSURER C :					
Henry J. Willemina B Kuhn Day Camp, Inc; Summer Camps at Colleg					INSURER D :						
600 Witmer Rd				campo at comog							
Horsham				PA 19044	INSURER E:						
			ATE		INSURER F :						
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		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	Φ .	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	00,000	
							01/01/2026	MED EXP (Any one person)	\$ 5,00	00	
Α	Sexual Misconduct			036102625846474		01/01/2025		PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,000,000		
	OTHER:						SAM	\$ 1M/\$2M			
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	× ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS			036102609846475		01/01/2025	01/01/2026	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X OTC/COLL							OTC/COLL DED	\$ 100/\$1,000		
Α	✓ UMBRELLA LIAB     ✓ OCCUR       EXCESS LIAB     CLAIMS-MADE							EACH OCCURRENCE	\$ 10,000,000		
				036102685846483		01/01/2025	01/01/2026	AGGREGATE	\$ 10,000,000		
	DED RETENTION \$ 10,000							\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		036102607846477		01/01/2025	01/01/2026	E.L. EACH ACCIDENT	\$ 500,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			000102007040477		01/01/2023		E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000		
	Employee Benefits							LIMITS	\$1M	I/\$2M	
Α	Employee Bellents			036102607846476		01/01/2025	01/01/2026	DED	\$1,0	000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Evic	lence of Coverage										
Nan	ned Insureds: The College Settlement of Phi	ladeln	ohia Ir	nc dha College Settlement: Ho	enrv .l \	Willemina B Kul	hn Day Camp	Inc: Summer Camps at			
	ege Settlement		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no asa sanaga samaman, m	o, o		= a, = ap,	mo, cammor campo at			
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.					
College Settlement of Philadelphia Inc.											
600 Witmer Road					AUTHORIZED REPRESENTATIVE						

Horsham

PA 19044