ACORD'

CERTIFICATE OF LIABILITY INSURANCE

01/06/2022

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(les) 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).

'	ins seranoate associate serior rigines t		F46	745 4444	CONTA	CT				2010/01/01		
PRODUCER 516-745-1111 Brown & Brown of Garden City dba Sobel Affiliates EDE States August						CONTACT NAME: PHONE (A/C, No, Ext): 516-745-1111 FAX (A/C, No): 516-745-5733						
595 Stewart Avenue						E-MAIL ADDRESS:						
Garden City, NY 11530-4735						INSURER(S) AFFORDING COVERAGE					NAIC# 18767	
						INSURER A: Church Mutual Insurance Co						
INSURED The Called Sattlement of					INSURER B:							
The College Settlement of Philadelphia, inc dus College Settlement, Henry J. Wilsemina B. Kuhn Day Camp, Inc, Summer Camps at College Settlement 600 Witner Rd Horsham, PA 19044					INSURER C:							
B Kuhn Day Camp, Inc; Summer Camps at College Settlement					INSURER D:							
600 Witmer Rd Horsham, PA 19044					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
1	HIS IS TO CERTIFY THAT THE POLICIES NOICATED NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	D HEREIN IS SU	T RESPE	-	ANTHONY THE	
INSI	TOTAL OF INCUIDANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
H		11430	1140		N. A. L. Hallen			EACH OCCURRENCE	E	\$	1,000,000	
١٠,	CLAIMS-MADE X OCCUR			036102625328613		01/01/2022	01/01/2023	DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	1,000,000	
	X Sexual Misconduct			030102023320013		01/01/2022		MED EXP (Any one		s	5,000	
								PERSONAL & ADV I		s	1,000,000	
								GENERAL AGGREG		s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-							PRODUCTS - COMF		s	2,000,000	
l								SAM	ioi acc	e	\$1M/\$2M	
A	OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS						01/01/2023	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
				036102609328617		01/01/2022		BODILY INJURY (Pe	r person)	\$		
								BODILY INJURY (Pe	r accident)	\$	The second of th	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
1	X OTC/COLL AUTOS ONLY							OTC/COLL DED		\$	100/\$1,000	
A	UMBRELLA LIAB X OCCUR			036102685328614			01/01/2023	EACH OCCURRENC	Æ	s	10,000,000	
	X EXCESS LIAB CLAIMS-MADE					01/01/2022		AGGREGATE		\$	10,000,000	
	10,000									s		
Α	DED 14 RETENTIONS	N/A		036102607328615			01/01/2023	X PER STATUTE	OTH- ER	•		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					01/01/2022		E.L. EACH ACCIDE	(0.000 - 0.000	s	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA		-	500,000	
	(Mandatory in NH)									•	500,000	
_	If yes, describe under DESCRIPTION OF OPERATIONS below			036102625328613		01/01/2022		E.L. DISEASE - PO	LICY LIMIT	\$	\$1M/\$2M	
A	Employee Benefits	3		U361U2625326613	5000	211011252	Chicana	DED			1,000	
								DED			1,000	
		200		Certification of the Central C	1000							
	cription of operations / Locations / vehicledence of Coverage	ES (A	CORD	101, Additional Remarks Schedul	e, may b	attached ii mor	e space is requi	••)				
					CAN	TELL ATION						
CERTIFICATE HOLDER College Settlement of Philadelphia Inc.						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.						
600 Witmer Road					AUTHORIZED REPRESENTATIVE							

Horsham, PA 19044

Milled delanded EVA

COLLE-1 HOLDER CODE NOTEPAD: OP ID: CE INSURED'S NAME
The College Settlement of Date 01/06/2022 Named Insureds: The College Settlement of Philadelphia, Inc dba College Settlement; Henry J. Willemina B Kuhn Day Camp, Inc; Summer Camps at College Settlement