

Dear Vendor,

Thank you for your willingness to work with our Girl Scouts and welcoming them to your place of business.

We are requesting a Certificate of Insurance (or COI) for our files. This is used to verify that an organization or location meets Girl Scouts' insurance standards. Having a COI on file with Girl Scouts of Western Washington allows any of our Girl Scout troops to find pre-approved businesses and organizations for their Girl Scout activities. An example of a COI is included below. Please have the certificate include the following characteristics and send to customercare@girlscoutsww.org:

- Insurance carrier rated "A" or better by an insurance rating firm like A.M. Best
- General liability per occurrence minimum of \$1,000,000
- Scheduled events fall within the policy period shown on the certificate
- The Certificate Holder box (bottom left corner) must contain:
 - Girl Scouts of Western Washington
Attn: Insurance/COI
5601 6th Ave S. Ste. 150
Seattle, WA 98108
- Girl Scouts of Western Washington named "additional insured" on the general liability policy.
 - Note: The "additional insured" language typically appears under the section of the certificate titled Description of Operations/Locations/Vehicles
 - Additional Insured Endorsement or Broadening Endorsement should also be included with the COI (see example).

Should you or your insurance provider have any questions regarding Girl Scouts of Western Washington's request for a COI, please reach out to us at email customercare@girlscoutsww.org.

Thank you again for your support of the Girl Scouts in your community!

Best regards,

Girl Scouts of Western Washington
5601 6th Ave S. Ste. 150
Seattle, WA 98108



FOR USE AS EXAMPLE OF COI ONLY
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/17/2015

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 <div style="background-color: black; width: 100%; height: 40px;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: [REDACTED]</td> </tr> <tr> <td>PHONE (A/C, No, Ext): [REDACTED]</td> <td>FAX (A/C, No): [REDACTED]</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: [REDACTED]</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Diamond State Insurance Company</td> <td>NAIC # 42048</td> </tr> <tr> <td colspan="2">INSURER B: Rating of insurer by AM Best is A (Excellent).</td> </tr> <tr> <td colspan="2">INSURER C: Click Here to see the AM Best report</td> </tr> <tr> <td colspan="2">INSURER D: (Note: create a free account to see the details)</td> </tr> <tr> <td colspan="2">INSURER E: [REDACTED]</td> </tr> </table>	CONTACT NAME: [REDACTED]		PHONE (A/C, No, Ext): [REDACTED]	FAX (A/C, No): [REDACTED]	E-MAIL ADDRESS: [REDACTED]		INSURER(S) AFFORDING COVERAGE		INSURER A: Diamond State Insurance Company	NAIC # 42048	INSURER B: Rating of insurer by AM Best is A (Excellent).		INSURER C: Click Here to see the AM Best report		INSURER D: (Note: create a free account to see the details)		INSURER E: [REDACTED]	
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INSURED <div style="background-color: black; width: 100%; height: 40px;"></div>																			

COVERAGES **CERTIFICATE NUMBER:** [REDACTED] **REVISION NUMBER:** [REDACTED]

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		[REDACTED]	5/31/2015	5/31/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured for General Liability per the terms and conditions of form AEL312 (01/09) to follow.

CERTIFICATE HOLDER <div style="background-color: black; width: 100%; height: 20px;"></div> <p>Girl Scouts of Western Washington Attn: Insurance/COI 5601 6th Avenue S., Ste 150 Seattle, WA 98108</p>	CANCELLATION <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <div style="background-color: black; width: 100%; height: 20px;"></div></p>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
EQUINE CARE, CUSTODY, OR CONTROL COVERAGE PART

SECTION II - WHO IS INSURED is amended to include the person or organization shown in the Schedule below, but only as respects liability imposed or sought to be imposed on such additional insured because of an alleged act or omission of the Named Insured.

1. If liability for injury or damage is imposed or sought to be imposed on the additional insured because of:
 - a. Its own acts or omissions, this insurance does not apply;
 - b. Its acts or omissions and those of the Named Insured, as to defense of the additional insured, this insurance will act as coinsurance with any other insurance available to the additional insured, in proportion to the limits of insurance of all involved policies, and the Other Insurance provisions of this policy (SECTION IV - CONDITIONS) are amended accordingly. However, this insurance does not apply to indemnity of the additional insured for its own acts or omissions.
2. If an agreement between the Named Insured and the additional insured providing indemnity or contribution in favor of the additional insured exists or is alleged to exist, the extent and scope of coverage under this insurance for the additional insured will be no greater than the extent and scope of indemnification of the additional insured which was agreed to by the Named Insured.

SCHEDULE

Girls Scouts of Western Washington (GSWW) 5601 6th Ave. S. Suite 150, Seattle WA 98108