		\frown							GIRLS-2	2	OP ID: AP	
A	C		пт						- F	DATE ((MM/DD/YYYY)	
	_		RI		CATE OF LIAB	5ILI I	INSU	RANCE	-	03/	/17/2016	
CI BI	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED I	вү тне	E POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to												
		rms and conditions of the policy icate holder in lieu of such endor				ndorse	ment. A stat	tement on th	is certificate does not o	onfer r	ights to the	
PRO						NAME:	CONTACT Scott R. Glienke, CPCU, CIC					
The Glienke Agency, L.L.C. 1200 Valley West Dr.; Ste 503 West Des Moines, IA 50266 Scott R. Glienke, CPCU, CIC						PHONE (A/C, No, Ext): 515-267-8555 FAX (A/C, No): 515-222-5999						
						E-MAIL ADDRESS: scott@theglienkeagency.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A :					
INSURED Name						INSURER B :						
Address Des Moines, IA 50322						INSURER C :						
							INSURER D :					
						INSURER E :						
							INSURER F :					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN CE E>	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME FAIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	СТ ТО	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		SAMPLE COMPANY		10/01/2015		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	Х	Professional Liab			SAMPLE COMPANY		10/01/2015	10/01/2016	MED EXP (Any one person)	\$	5,000	
]							PERSONAL & ADV INJURY	\$	1,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:								\$		
A	AUT	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS				10/01/2015		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	Х				SAMPLE COMPANY		10/01/2015	10/01/2016	BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident)	\$		
									PROPERTY DAMAGE (Per accident)	\$		
										\$		
	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000	
Х		EXCESS LIAB CLAIMS-MADE			SAMPLE COMPANY		10/01/2015	10/01/2016	AGGREGATE	\$	10,000,000	
		DED X RETENTION \$ 10000)							\$		
		RKERS COMPENSATION							PER OTH- STATUTE ER			
В	ANY	AND PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)		SAMPLE COMPANY			01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	500,000	
	(Mar								E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
		TION OF OPERATIONS / LOCATIONS / VEHIC					e attached if mor	e space is requir	red)			
Liab				aanti								
CEF	RTIF					CANCELLATION						
Girl Scouts of Greater Iowa 10715 Hickman Rd Des Moines, IA 50322-3733							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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