



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**9/27/2024**

**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 lieu of such endorsement(s).**

<b>PRODUCER</b> <b>Cragin &amp; Pike, Inc.</b> <b>10000 W. Charleston Blvd.</b> <b>Suite 200</b> <b>Las Vegas, NV 89135</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (702) 877-1111</b> <b>FAX (A/C, No): (702) 258-3394</b> <b>E-MAIL ADDRESS: reception@cragin-pike.com</b>														
<b>INSURED</b> <b>Girl Scouts of Southern Nevada</b> <b>Girl Scouts of Frontier Council</b> <b>2941 Harris Ave.</b> <b>Las Vegas, NV 89101</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Great American Insurance Company</b></td> <td style="text-align: center;"><b>16691</b></td> </tr> <tr> <td>INSURER B : <b>Great American Alliance Insurance Co.</b></td> <td style="text-align: center;"><b>26832</b></td> </tr> <tr> <td>INSURER C : <b>Technology Ins. Company</b></td> <td style="text-align: center;"><b>42376</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Great American Insurance Company</b>	<b>16691</b>	INSURER B : <b>Great American Alliance Insurance Co.</b>	<b>26832</b>	INSURER C : <b>Technology Ins. Company</b>	<b>42376</b>	INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **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	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"/> X	<b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/> X		<b>PAC409294410</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>	
								<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1,000,000</b>
									MED EXP (Any one person)	\$ <b>5,000</b>
		PERSONAL & ADV INJURY						\$ <b>1,000,000</b>		
		GENERAL AGGREGATE						\$ <b>3,000,000</b>		
		PRODUCTS - COMP/OP AGG						\$ <b>3,000,000</b>		
		<b>ABUSE &amp; MOLEST.</b>						\$ <b>1,000,000</b>		
B	<input checked="" type="checkbox"/> X	<b>AUTOMOBILE LIABILITY</b>			<b>CAP409294510</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>	
			<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)				\$		
			<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$		
				PROPERTY DAMAGE (Per accident)				\$		
								\$		
B	<input checked="" type="checkbox"/> X	<b>UMBRELLA LIAB</b>			<b>UMB409294610</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	EACH OCCURRENCE	\$ <b>5,000,000</b>	
			<input checked="" type="checkbox"/> OCCUR	AGGREGATE				\$ <b>5,000,000</b>		
			<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					\$		
C	<input checked="" type="checkbox"/> X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>TWC4489354</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
			<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	E.L. EACH ACCIDENT				\$ <b>1,000,000</b>		
			OTHER:	E.L. DISEASE - EA EMPLOYEE				\$ <b>1,000,000</b>		
				E.L. DISEASE - POLICY LIMIT				\$ <b>1,000,000</b>		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**RE: Operations of Named Insured.**

Additional Insured status applies on a respects the general liability policy, per form CG2005 attached.


Clark County School District is included as additional insured per attached form.

**CERTIFICATE HOLDER**

**CANCELLATION**

**Clark County School District**  
**4828 S Pearl St**  
**Las Vegas, NV 89121**

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**  


**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - CONTROLLING INTEREST**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person(s) or Organization(s):**  
CLARK COUNTY SCHOOL DISTRICT  
4828 S PEARL ST  
LAS VEGAS, NV 89121

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of:

1. Their financial control of you; or
2. Premises they own, maintain or control while you lease or occupy these premises.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.