

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/18/2022

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.

ANT: 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).											
PRODUCER						CONTACT SELECT					
Sovereign Insurance Group					PHONE (A/C, No, Ext): (800) 222-4478 FAX (A/C, No): (610) 535-6810						
920 Cassatt Road						E-MAIL ADDRESS: armyw@sovinsurance.com					
Suite 100						INSURER(S) AFFORDING COVERAGE NAIC #					
Berwyn PA 19312					INSURER A: Selective Way Insurance Company					26301	
INSURED						INSURER B:					
THOMAS A EDISON CHARTER SCHOOL						INSURER C:					
2200 N LOCUST ST											
225011 (20000) (1)						INSURER E :					
WILMINGTON			DE 19802								
			TIFICATE NUMBER: 22-23 Liab			INSURER F : REVISION NUMBER:					
COVERAGES CERTIFICATE NUMBER: 22-23 LIBB  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN											
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 R											
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	4.00	0.000	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		0,000	
	CLAIMS-MADE OCCUR  Sexual Abuse & Molestation							PREMISES (Ea occurrence)	Ψ	0,000	
								MED EXP (Any one person)	\$ 20,0		
Α	\$1,000,000/\$1,000,000			S2481670		06/30/2022	06/30/2023	PERSONAL & ADV INJURY	- 0	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000		
	POLICY PRO- JECT LOC		П					PRODUCTS - COMP/OP AGG	\$ 3,00	0,000	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANYAUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED			S2481870		06/30/2022	06/30/2023	BODILY MUURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident) Hired Car Physical	\$ 75,000		
	WINDRELLA LIAB OCCUR							EACH OCCURRENCE	s 5,000,000		
Α	H			S2481870		06/30/2022	06/30/2023	AGGREGATE	\$ 5,000,000		
^	CDVIMO-MVDG			32.10.10.70				AGGREGATE	φ	-	
	DED RETENTION \$ 0	-						PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandetory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	itached if more sp	ace is required)				
	lence of Coverage.			,							
	(A)										
A CONTROL WAS A STORY OF THE ST											
CERTIFICATE HOLDER CANCELLATION											
п					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
*5						ANY Waltary					