

CERTIFICATE NO:
200403881

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
2/9/2004

PRODUCER

ERTY MUTUAL
 BOX 152067
 ING, TEXAS 75015-2067

2085-700

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** LIBERTY MUTUAL

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

BLACKHAWK AREA COUNCIL #660
 BOY SCOUTS OF AMERICA
 ATTN: VICKI R FAX 815-397-0210
 P.O. BOX 4085
 ROCKFORD, IL 61110-0585

COVERAGE

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.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TB1 191 409751 124	3/1/2004	3/1/2005	GENERAL AGGREGATE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL ADVERTISING INJURY
	OWNERS CONTRACTORS PROT				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE
					MEDICAL EXPENSE
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT
	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
	HIRED AUTOS				PROPERTY DAMAGE
	NON-OWNED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE AGGREGATE
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY
					EACH ACCIDENT
					(DISEASE-POLICY LIMIT)
					(DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

ALL OFFICIAL SCOUT MEETINGS BEING HELD ON THE CERTIFICATE HOLDER'S PROPERTY DURING THE POLICY PERIOD. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED FOR THESE SCOUTING MEETINGS.

CERTIFICATE HOLDER

COMMUNITY UNIT SCHOOL DISTRICT #300
 CLEVELAND AVENUE
 CARPENTERSVILLE, IL 60110

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

BY:

W. P. Collins

William P. Collins, Liberty Mutual