AGREEMENT



For Use of Facilities of the Town of Pendleton By Non-Town Organizations

BON 5	BY:
Name of Organization BSA Troop	78
Name of Representative Chris Schu	tte
Mailing Address 5791 Donner Rd. L	PhonePhone
Contact Person (if different)	Phone
Requests use of the facilities at \Box Town Hall	☐ Park Shelter ☐ Elementary ☐ Old Highway Garage
MOther (specify) Nine Mile Island	d
Room(s) (if applicable, please specify)	
Equipment (if applicable, please specify)	
Other (describe)	
Date(s): 1/13 - 1/14 Time	(s): Start $9:00$ \nearrow AM \square PM; End $9:00$ \nearrow AM \square PM
	amping and trail clean up
Nemark*	n Representative
То	wn Clerk Authorization
Date Signature of Town Clerk	
Park facilities use also requires Signature of H	lighway Superintendent
Insurance Certificate Required ☐ YES ☐ NO	Certificate Provided □ YES □ NO
Requested Facilities Available 🗆 YES 🗆 NO	
-	<u> </u>
Tou	vn Board Authorization
Authorized by	Approved at TB Meeting
	thorizing Authority
DateDistrict / Title of Tid	0

FACILITIES USE AGREEMENT RULES AND REGULATIONS

It is the responsibility of the Town Board to assure that the use of Town buildings, equipment and grounds will at all times meet New York State, Niagara County, and Town of Pendleton rules, regulations, ordinances, and law.

Your assistance and cooperation in following the rules identified below will assist the Town Board in fulfilling their responsibility to the community. Please be aware that any group unable to comply with these rules may be assessed for damages that occur to the Town facilities during use or have their building use privileges suspended or discontinued.

All groups requesting the use of Town of Pendleton facilities must agree to the following conditions:

- 1. Alcoholic beverages are not permitted on Town property
- 2. Smoking on Town property is not permitted
- 3. Fighting or other violent acts are <u>not</u> permitted on Town property
- 4. Any individual or group that damages Town property shall be responsible for all costs required for repair. Groups are responsible to report items damaged during use.
- 5. Groups are responsible to return the facilities to the same safe condition in which they were found. Nothing will be removed from any building at any time.
- 6. Groups are responsible to provide their own on-site supervision and shall remain with the group <u>until all participants</u> have <u>left the premises</u>. Participants should remain in the area that was approved for their use on their building use form.
- 7. Groups that have not received proper authorization from the Town to use Town facilities will not be permitted in/on Town properties. Proper authorization includes a Board-approved building use form.
- 8. A **Certificate of Insurance** must be obtained with the Town of Pendleton as the certificate holder on the sponsoring group's liability policy, along with <u>this</u> signed form. In the description of the operations box the following must be included:
 - a. The group name and activity
 - b. The Town must be named as Additional Insured on a <u>primary and non-contributory</u> basis including the following statement: "Town of Pendleton and its employees, elected leaders, committee members, board members, are hereby named as Additional Insured." The Certificate MUST <u>reference</u> the policy form(s) being used to effect this <u>PRIMARY AND NON-CONTRIBUTORY</u> coverage.
- 9. **Certificate of Insurance** must have the <u>required</u> insurance coverage checked (

) below with carriers with an A.M. Best rating of A- or higher and licensed as "admitted" carriers by NYS Insurance Department:

		,				
a.		Occurrence based Commercial General	Lia	bility co	verage to include bodily injury, personal inju	r
		and property damage liability.		-	, , , , , , , , , , , , , , , , , , , ,	-
		General Aggregate	\$2,	000,000		
		Products & Comp/Ops. Aggregate	\$1,	000,000		
		Personal & Adv. Injury	\$1,	.000,000		
		Each Occurrence	\$1,	000,000		
		Fire Damage (any one fire)	\$	50,000		
		Medical Expense (any one person)	\$	5,000		
b.		Sexual Misconduct (Molestation or Ab	use)	Liabilit	у	
		General Aggregate	\$2,	000,000		
		Each Occurrence	\$1,	000,000		
C	П	Automobile Liability insurance covering	o al	l owned	hired and "non-owned" vehicles with a	

c.

Automobile Liability insurance covering all owned, hired and "non-owned" vehicles with a minimum limit of:

Combined Single Limit \$1,000,000 d. \Box Umbrella or Excess Liability

Per Occurrence \$5,000,000 Aggregate \$5,000,000

- e.

 Workers' Compensation evidence must be presented on form C-105.2 or U.26.3
- f. D New York Disability Benefits evidence must be presented on form DB-120.1

I <u>Chris Schaltz</u> agree on behalf of the organization indicated below that all members and guests will observe the above regulations and that we, individually and as an organization, will assume full financial responsibility for any and all damages done to Town of Pendleton property. We also agree that our organization will at all times hereafter indemnify the Town of Pendleton against any loss, damage or expense of any kind, which said Town may sustain or incur as a result of the attached approved Facilities use by our organization and we will further hold said Town harmless for loss of any kind in connection therewith.

Name of Group

Signature Requesting Officer

Date

roundcubs

RE: [EXTERNAL]Boy scouts insurance Subject

Christopher Ross <cross@evansagencyins.com> From

Ron Miller <rmiller@evansagencyins.com>, Scott Lombardo To

<slombardo@pendletonny.us>

Joel Maerten <jmaerten@pendletonny.us> Cc

2023-10-03 14:52 Date

BS Tr 47 FUA (1) (002).pdf(~2.0 MB)

BSA COI.pdf(~156 KB)

Description of Coverage for ITC 2023.pdf(~131 KB)

Explanation of COI.pdf(~147 KB)

Hi Scott,

Attached are copies of the coverage documents and facilities-use agreement for the Boy Scouts group. I also received an explanation from their contact person that this insurance program applies to any unit (troops/packs) within the WNY Scout Council. Please let me know if you have any questions or need anything else.

Thank you,

Chris

Christopher Ross RMPE Senior Public Entity Account Manager Evans Insurance Agency 6460 Main St, Williamsville NY 14221

Phone: 716-926-8448 | Fax: 716-926-8690

Email: cross@evansagencyins.com | evansbank.com/insurance

----Original Message-----

From: Ron Miller < rmiller@evansagencyins.com>

Sent: Tuesday, October 3, 2023 4:42 PM

To: Scott Lombardo <slombardo@pendletonny.us>

Cc: Christopher Ross < cross@evansagencyins.com; Joel Maerten < jmaerten@pendletonny.us>

Subject: RE: [EXTERNAL]Boy scouts insurance

Scott

No problem, happy to answer any questions. We have received the last piece of information on the Medical coverage from the WNY Scout Council today. Chris Ross from our office has forwarded to Joel. The COI specifically lists the Town, Board etc.... It puts the Town of Pendleton in a much better position. Your facilities use document that you have in place also helps protect the Town when executed. Chris please forward a copy of all the coverage information to Scott. Scott if you have any questions please contact Chris or myself.

Best Regards

Ron

Ronald E Miller Evans Insurance Agency Vice President CPCU, CRM, MBA 6460 Main St Williamsville, NY 14221 716-864-4491 Rmiller@evansagencyins.com

----Original Message----

From: Scott Lombardo <<u>slombardo@pendletonny.us</u>>

Sent: Tuesday, October 3, 2023 9:55 AM To: Ron Miller < rmiller@evansagencyins.com> Subject: [EXTERNAL]Boy scouts insurance

EXTERNAL EMAIL: Do not open attachments/click links if it is not expected and/or source is unknown.

Hi Ron, I am told that you have been working with a rep from the Boy Scouts so that they can start using 9 mile island. Can you please send me the requirements that each group needs to meet and a copy of the insurance certificate that they provided so I can hopefully get this straightened out on the town end. If you have any questions please call me. I would like to get this wrapped up asap. Thank you. Scott Lombardo Sent from my iPhone

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received this email in error, please notify the sender by reply and delete the original message.

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Council Name: Iroquois Trail Effective Date: 01/01/2023 Premium Amount

Date Paid

Council #: [376]

Expiration Date: 12/31/2023

Premium Paid:

Balance Due

Policy Number PTP N00327402

Description of Coverage

Eligibility: All persons officially registered with the Boy Scouts of America (BSA), according to the following classifications:

All Youth; Learning for Life Explorer; Venturing Crew; Seasonal Volunteer Non-Paid Staff; and Non-Scouts, and Non-Class 1*:

Scouters, but only while attending scheduled activities for the purpose of becoming registered Leaders and Scouts.

All Adult Volunteer Leaders, including Den Aides and Chiefs who are 21 years of age or older (18 years of age or older if Class 2*:

an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistance Webelo Den Leader).

All Learning for Life School based program participants. Class 3*:

Guest** of the Policyholder. Class 4*:

Classes 2, 3 and 4 are eligible for coverage if coverage is elected in the Application.

*Does not include coverage for youth and adult members of units sponsored by the Church of Latter Day Saints.

**Guests means parents, grandparents and siblings of registered members of the Boy Scouts of America who are participating in BSA Council sponsored family events.

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Period of Coverage: You will be insured on the Effective Date shown above, provided the premium payment is received by the administrator, Health Special Risk, Inc. Your coverage will end on the earlier of: 1) the Termination Date shown above; or 2) the period ends for which premium is paid.

<u>Definitions</u>: "Covered Accident" means an accident that occurs while Your coverage is in force and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. "Covered Expenses" means expenses You actually incurred by You for treatment, services and supplies covered by the Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. "Injury" means accidental bodily harm You sustained that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. "Medically Necessary" means a treatment, service, or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by Your condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. "Sickness" means Your illness, disease or condition that causes a loss for which a You incur medical expenses while covered under this Policy. All related Your illness, disease or condition that causes a loss for which a You incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. "Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Covered Activities:* The Insured will be covered while: 1) participating in an official Scouting or Learning for Life activity. Seasonal camp staff persons are also covered during their off-duty hours; and 2) traveling to and from an official Scouting or Learning for Life activity. The Covered Accident or Sickness must take place: 1) on the premises of the Policyholder during normal hours of operation; or 2) on the premises of the Policyholder during other periods if attending or participating in a Covered Activity, or 3) away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site. The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity. Travel time includes the time: 1) to or from home and the premises of the Covered Activity; 2) before the appointed time; and 3) after the Covered Activity is completed.

*This Policy does not provide benefits for attendance or participation in any events held at any of the following Boy Scouts of America High Adventure Bases:

Florida National High Adventure Sea Base, Isla Morada, FL

Northern Tier National High Adventure Program, Ely, MN

Philmont Scout Ranch, Cimarron, NM The Paul R Christen National High Adventure Base at the Summit Bechtel Reserve, Mount Hope, WV

Accidental Death and Dismemberment Benefit: If an Insured's Injury results in any of the following losses within the Time Period for Accident shown below, We will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident.

Principal Sum:

\$10,000 Time Period for Accident for: Heart Failure

Quadriplegia, Paraplegia, Hemiplegia All Other Covered Losses

60 Days and continuing for one year

365 Days

(Council Plan)

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NTIFICATE OF LIADILITE INSURANCE

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).

Contact: Laura Craig FAX 972-770-1699 Phone: 972-770-1402 larsh & McLennan Agency LLC Email Address: laura.craig @marshmma.com .144 Walnut Hill Lane, 16th Floor INSURER(S) AFFORDING COVERAGE NAIC#)allas, TX 75231 35378 INSURER A: Evanston Insurance Company INSURER B : oy Scouts of America, National Council and INSURER C: Il of its affiliates and subsidiaries INSURER D : 325 West Walnut Hill Lane INSURER E: ving, TX 75038 INSURER F:

COVERAGES

CERTIFICATE NUMBER: 107468147

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.

1	CLUSIONS AND CONDITIONS OF SUCH F	ADDL	SUBR	POLICY	NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
•		INSD	AAAD	Policy #				EACH OCCURRENCE	\$1,000,000
-	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			_	1 mill/occur	rence		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
ŀ					6.5 mill/occ		Tie Paris	MED EXP (Any one person)	\$
ŀ					7.5 mill/occ			PERSONAL & ADV INJURY	\$ 1,000,000
	4 4	-		Cor	nbined occu	ırrence	1	REMERAL ABOVE CATE	\$7,000,000
ŀ	GFNT AGGREGATE LIMIT APPLIES PER: PROJECT-			H W.	H D			PRODUCTS - COMP/OP AGG	\$
	OTHER: LO			22 AV	1 10			COMBINED SINGLE LIMIT (Ea accident)	\$
-	ANY AUTO	A			437	l/ag gregate		BODILY INJURY (Per person)	\$
ŀ	OWNED SCHEDULED				+\$ 13 mi	l/aggregate	1	BODILY INJURY (Per accident)	\$
1	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	A			E 1006	ll/ag greg ate		PROPERTY DAMAGE (Per accident)	\$
1		A	10.	1000	Combines	sograpate bove	ataria	Service and a service and a	\$
+	X UMBRELLA LIAB OCCUR	+		Policy #				EACH OCCURRENCE	\$ 6.5,000,000
ł	EXCESS LIAB CLAIMS-	1		1 Olidy "				RECHESAVE	s 13,000,000
1	WORKERS COMPENSATION	+	-				-	PER OTH-	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	1		ľ		1		E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?	N/A	1			1		E.L. DISEASE - EA EMPLOYER	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Pertificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of isurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of ne limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or greement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the olicy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy. Certificate holders include irectors, officers, agents, owners, volunteers, mortgagees and landlords as required by written contract or agreement.

or All Official Scouting Activities

ertificate Holder Certificate Holders Name address City, State Zip Code

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORETHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2023

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 DEPOSES NATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	o the ter	rms and conditions of th tificate holder in lieu of su	ich end	orsement(s).	licies may re	equire an endorsement.	A sta	tement on
PRODUCER			NAME:	Laura Craig	L	77-14		
Marsh & McLennan Agency LLC		ii ii	PHONE (A/C, No. Ext): 972-770-1402 FAX (A/C, No.): 972-770-1699					
8144 Walnut Hill Lane, 16th Floor Dallas TX 75231		1	E-MAIL ADDRES	s: laura.craig	@marshmm	a.com		
Dallas IA 10201						DING COVERAGE		NAIC#
			INSURER	A: Evanston	Insurance C	ompany		35378
INSURED		BSALFLCA	INSURER					
Western New York Scout Council #380			INSURER					
Boy Scouts of America 2860 Genesee Street	INSURE	11						
Buffalo NY 14225-3131			INSURE	9332				
Ballato III I I I I I I I I I I I I I I I I I			INSURE	000				
COVERAGES CERT	IFICAT	E NUMBER: 1955386340	din .			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F	OF INSU	RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY DED BY	THE POLICIES EDUCED BY	S DESCRIBED PAID CLAIMS.			
INCO	ADDL SUBI	R		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		V3P0009142		3/1/2023	3/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	ESSOCIAL CONTRACTOR
CLAIMS-MADE 7 OCCUR						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$ 1,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 7,000	,000
PRO-						PRODUCTS - COMP/OP AGG	\$	
JEC1							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	S	
ANY AUTO						BODILY INJURY (Per person)	\$	
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
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A X UMBRELLALIAB OCCUR		V3XEC0009143		3/1/2023	3/1/2024	EACH OCCURRENCE	\$ 6,500	0,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 13,00	00,000
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WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF SECULIAR SECULI								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate holder is named as an additional only with respect to operations by or on bely such contract for the event specified. Prima required by written contract or agreement, period, terms, limits and conditions of the process of the primary of the primar	l insured half of the ary and N Sexual N	by virtue of a written or ora	or facilit	ies used by the is	he Insured ar	nd then only of the limits of certains of the limits of sement. Waiver of Subroc	ation a	applies when
See Attached			0111	CELL ATION				
Town of Pendleton			SH	E EXPIRATION	THE ABOVE	DESCRIBED POLICIES BE (HEREOF, NOTICE WILL ICY PROVISIONS.	CANCE BE D	LLED BEFORE ELIVERED IN
6570 Campbell Blvd Lockport NY 14094			AUTH	ORIZED REPRES		->		

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AGENCY CUSTOMER ID:	BSALFLCA
1.00.4	

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Marsh & McLennan Agency LLC		NAMED INSURED Western New York Scout Council #380 Boy Scouts of America			
		2860 Genesee Street Buffalo NY 14225-3131			
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

For: All Official Scouting Activities
Certificate Holder includes Town of Pendleton and its employees, elected leaders, committee members, and board members are additional insured. For Western New York Scout Council All Scouting Activities at 9 Miles Island 23-355 Orbit Drive, Buffalo, NY 14228 various Camping sites available by Reservations during the policy period.
