	ACOR		CERT		ATE OF LIA			NSUR		DATE (MM/DD/YYY 8/18/2011													
C B	ERTIFICAT ELOW. THI	E DOES NO	OT AFFIRMATIN	ELY OR N	FINFORMATION ONLY AN NEGATIVELY AMEND, EX DES NOT CONSTITUTE A ERTIFICATE HOLDER.	TEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLICIES													
th	ne terms an	d conditior		, certain p	FIONAL INSURED, the pol olicies may require an en																		
RODUCER							CONTACT Insurance Agent																
nsurance Producer Address ^{NSURED} Vendor's Name Address							PHONE (A/C, No, Ext): 888-888-8888 FAX (A/C, No): E-MAIL ADDRESS: FRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE INSURER A : INSURER(S) AFFORDING COVERAGE NAIC # INSURER B : Insurance Company INSURER B: INSURER B : Insurance Company INSURER C:																
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IN Cl	IDICATED. NO ERTIFICATE	OTWITHSTAI MAY BE ISSU	NDING ANY REQU	JIREMENT, TAIN, THE I	TERM OR CONDITION OF AN INSURANCE AFFORDED BY 1 MITS SHOWN MAY HAVE BEI	Y CONT	RACT OR OTH	HER DOCUMEN	NT WITH RESPECT TO WHIC	CH THIS													
SR R		TYPE OF INSU		ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S													
Ň	GENERAL LI			X	Policy #		Dates	Dates	EACH OCCURRENCE	\$1,000,000													
		X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000													
	CL	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$10,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000 \$2,000,000													
								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000,000														
										\$													
3	AUTOMOBIL		- · · · ·		Policy #		Dates	Dates	COMBINED SINGLE LIMIT (Ea accident)	^{\$} 1,000,000													
	ANY AU	ТО			Required if pr	covi	ling		BODILY INJURY (Per person)	\$													
		NED AUTOS			transportatior	n of	student	ts	BODILY INJURY (Per accident)	\$													
	HIRED A	JLED AUTOS			-				PROPERTY DAMAGE (Per accident)	\$													
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	UMBRE	LA LIAB	OCCUR						EACH OCCURRENCE	\$													
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	WORKERS C	ION \$ OMPENSATIO			Policy		Dates	Dates	WC STATU- TORY LIMITS ER	\$													
,	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A Required if employees wo					endo		Dates	E.L. EACH ACCIDENT	\$100,000													
					employees work				E.L. DISEASE - EA EMPLOYEE														
	If yes, describ DESCRIPTIO	If yes, describe under DESCRIPTION OF OPERATIONS below			Cmproyees wor	King evene			E.L. DISEASE - POLICY LIMIT														
_			LOOATIONS			0																	
					ACORD 101, Additional Remarks				including officer	a directo													
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	Event		Date:																				
	RTIFICATE	HOLDER				CANC	ELLATION																
Maryland State PTA Unit Name & Address							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																
	-																						
						AUTHORIZED REPRESENTATIVE																	
							Signature																
						© 1988-2009 ACORD CORPORATION. All rights reserv																	

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

The Maryland Congress of Parents & Teachers, Maryland PTA, included all units councils and all their officers, directors, members and volunteers.

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

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 liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.