



Proudly serving the youth and families of Broward, Miami-Dade and Monroe Counties

February 11, 2010

The Scout Oath

Store Manager
Publix Super Market
Broward, Miami-Dade and Monroe Counties

Dear Store Manager:

On behalf of the more than 37,000 youth served by the South Florida Council, Boy Scouts of America, I am writing to ask for your assistance in helping our Scouts with a very important project we currently have going on.

Every spring the Boy Scouts of America conducts its official money earning project. Our units and Scouts take part in the camp card campaign as a way to Earn Their Own Way through Scouting by selling camp cards. This campaign helps them earn the necessary funds for their annual Scouting program.

You can help our units and Scouts with this project by allowing them to set up in front of your store to sell to consumers as they enter and leave your establishment, much like the Girl Scouts do with their cookie sale.

This letter serves as official notice that all of our units and Scouts are covered by general liability insurance. Please refer to a copy of our insurance certificate that we have provided to each of our units participating in the camp card sales campaign.

If you have any questions, or need anything else to allow our units and Scouts to sell in front of your store, please do not hesitate to contact me directly at 305-364-0020, x218.

I would like to thank you for all the support you and Publix have shown Scouting over the years by allowing our Scouts to sell in front of your store.

Yours in Scouting,

Michael K. Dames
Director of Finance

Enc: Certificate of Insurance

On my honor
 I will do my best,
 to do my duty
 to God and
 my country
 and to obey
 the Scout Law;

To help other
 people at all
 times;

To keep myself
 physically
 strong, mentally
 awake, and
 morally straight.

The Scout Law

A Scout is:
 Trustworthy
 Loyal
 Helpful
 Friendly
 Courteous
 Kind
 Obedient
 Cheerful
 Thrifty
 Brave
 Clean
 Reverent

CERTIFICATE NO:
200301

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
2.3.10

PRODUCER

McQueary Henry Bowles Troy LLP
12700 Park Central Drive
17th Floor
Dallas, TX 65251-0470

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY THIS CERTIFICATE DOES NOT AMEND EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A OLD REPUBLIC INSURANCE CO.
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

INSURED

INSURED BOY SCOUTS OF AMERICA AND EACH LOCAL SCOUT COUNCIL INCLUDING
SOUTH FLORIDA COUNCIL, BSA
15255 NW 82nd AVENUE
MIAMI LAKES, FL 33016

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	MWZY 58122	3/1/2009	3/1/2010	GENERAL AGGREGATE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL ADVERTISING INJURY
	CONTRACTUAL LIABILITY				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE
					MEDICAL EXPENSE
	AUTOMOBILE LIABILITY				PER OCCURRENCE
	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
	HIRED AUTOS				PROPERTY DAMAGE
	NON-OWNED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE
	UMBRELLA FORM				AGGREGATE
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY <input checked="" type="checkbox"/>
					EACH ACCIDENT
					(DISEASE-POLICY LIMIT)
					(DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Publix Supermarkets 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 insurance 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 for the limits of liability specified in such policy for South Florida Council, Boy Scout units' use of store front property to sell camp cards during the policy period.

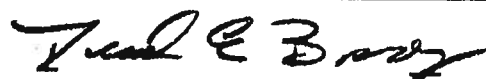
CERTIFICATE HOLDER

CANCELLATION

Publix Super Markets, Inc.
3300 Publix Corporate Parkway
Lakeland, FL 33811

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:



Donald E. Bowles, CPCU, CLU

CERTIFICATE NO:

2010004

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/11/2010

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 12700 Park Central Drive
 17th Floor
 Dallas, TX 65251-0470

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A	GENERAL LIABILITY	MWZY 58666	3/1/2010	3/1/2011	GENERAL AGGREGATE				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CONTRACTUAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE				
					PERSONAL ADVERTISING INJURY				
								EACH OCCURRENCE	\$1,000,000
								FIRE DAMAGE	
								MEDICAL EXPENSE	
	AUTOMOBILE LIABILITY				PER OCCURENCE				
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)				
					BODILY INJURY (Per accident)				
					PROPERTY DAMAGE				
	EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE			
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM								
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY <input checked="" type="checkbox"/>				
					EACH ACCIDENT				
					(DISEASE-POLICY LIMIT)				
	OTHER				(DISEASE-EACH EMPLOYEE)				

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