

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/21/2025

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.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t				•	•	•	equire an endorsement	. A sta	atement on	
PRODUCER Marsh & McLennan Agency LLC 6160 Golden Hills Drive						CONTACT NAME: Select Processing Team					
						PHONE (A/C, No, Ext): 763-746-8000 FAX (A/C, No):					
Minneapolis MN 55416						E-MAIL ADDRESS: SelectProcessing@marshmma.com					
'						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Valley Forge Insurance Company				20508	
NSURED CAYLENTINC					ınsurer в : Continental Casualty Company				20443		
Caylent, Inc 4521 Campus Drive, Suite 344					INSURER c : Endurance American Specialty Ins Co				41718		
Irvine CA 92612					INSURER D: Associated Industries Insurance Co, Inc				23140		
					INSURER E: Continental Insurance Company				35289		
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 795387880						REVISION NUMBER:					
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO V	WHICH THIS	
NSR -TR	TYPE OF INSURANCE ADDL SUBRINSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	7035020065		11/8/2024	11/8/2025	EACH OCCURRENCE	\$ 2,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000	
								MED EXP (Any one person)	\$ 10,00	0	
								PERSONAL & ADV INJURY	\$ 2,000	,000	
	GEN'I AGGREGATE I IMIT ADDI IES DED:							GENERAL AGGREGATE	\$4,000	000	

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Α	X	COMMERCIAL GENERAL LIABILITY	Υ	Υ	7035020065	11/8/2024	11/8/2025	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	Υ	Υ	7035020065	11/8/2024	11/8/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR	Υ	Υ	7035020079	11/8/2024	11/8/2025	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED RETENTION \$							\$
Е		KERS COMPENSATION EMPLOYERS' LIABILITY			7095260381	1/1/2025	1/1/2026	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBEREXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
OD		E&O/Cyber E&O/Cyber Excess			PRO30048603101 ACL125791600	11/8/2024 11/8/2024	11/8/2025 11/8/2025		5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
For laterage time Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
For Information Only	AUTHORIZED REPRESENTATIVE