

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 | |

| | | | טכיוו | WWD | . 02.0 : | (141141/10/11/11/1/ | (NATION DE LA | | |
|----|---------------------------------|--|-------|-----|--------------------------------|------------------------|---|--|------------------------|
| 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 |