



# CERTIFICATE OF LIABILITY INSURANCE

5/1/2024

DATE (MM/DD/YYYY)

4/3/2023

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 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).

PRODUCER		Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Continental Casualty Company	20443		
		INSURER B: The Continental Insurance Company	35289		
		INSURER C: Transportation Insurance Company	20494		
		INSURER D:			
		INSURER E:			
		INSURER F:			
INSURED		T-Mobile US, Inc. Its Subsidiaries and Affiliates, including Sprint Corporation 12920 SE 38th Street Bellevue WA 98006			

COVERAGES TMOBI CERTIFICATE NUMBER: 19528798 REVISION NUMBER: XXXXXXX

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.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	Y	7012343900	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 10,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000,000	
								MED EXP (Any one person)	\$ 25,000	
								PERSONAL & ADV INJURY	\$ 10,000,000	
								GENERAL AGGREGATE	\$ 20,000,000	
								PRODUCTS - COMP/OP AGG	\$ 20,000,000	
									\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	Y	7012343878	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
								BODILY INJURY (Per person)	XXXXXXX	
								BODILY INJURY (Per accident)	XXXXXXX	
								PROPERTY DAMAGE (Per accident)	XXXXXXX	
									XXXXXXX	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB  <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE	N	N	CUE 7014886953 SIR applies per policy terms & conditions	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 5,000,000	
B								AGGREGATE	\$ 5,000,000	
B									XXXXXXX	
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N  <input checked="" type="checkbox"/> N	N/A	N	7012343895 (AOS) 7012343881 (CA) 7012447142 (AZ,MA,OR,WI)	5/1/2023 5/1/2023 5/1/2023	5/1/2024 5/1/2024 5/1/2024	X PER STATUTE  E.L. EACH ACCIDENT	OTHE- R  \$ 2,000,000	
B								E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000	
C								E.L. DISEASE - POLICY LIMIT	\$ 2,000,000	

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

The Certificate Holder and other entities defined by written contract, statute, permit application or written agreement are additional insureds on a primary and non-contributory basis under general liability and are additional insured under automobile liability as required by written contract. Waiver of Subrogation applies under general liability and automobile liability as required by written contract. \*\*See Attached Endorsements\*\*

#### CERTIFICATE HOLDER

19528798  
Evidence of Insurance

#### CANCELLATION See Attachments

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

AUTHORIZED REPRESENTATIVE

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Evidence of Insurance

## IMPORTANT NOTICE

**Dear Certificate Holder for T-Mobile and its subsidiaries (including Sprint):**

In our continued effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance going forward.

To ensure future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing **Certificate ID 19528798**

- Email: [stl-edelivery@lockton.com](mailto:stl-edelivery@lockton.com)
- Phone: 314-812-3888

**If we do not receive your email address via one of the above methods prior to the client's next renewal, we will assume you no longer need the certificate.**

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

*The above inbox is for collecting email addresses for renewal electronic certificate delivery ONLY. You will not receive a response from this inbox.*

Thank you for your cooperation.

**Lockton Companies**



## POLICY HOLDER NOTICE – COUNTRYWIDE

It is understood and agreed that:

If the Named Insured has agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if the Insurer cancels a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificate holders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by the Insurer to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon the Insurer or the Agent of Record.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA75014XX (01-2015)  
Endorsement Effective Date: 5/1/2023  
Endorsement No: Page: 1 of 1  
Underwriting Company: Continental Casualty Company

Policy No: 7012343900  
Policy Effective Date: 5/1/2023



## NOTICE OF CANCELLATION TO CERTIFICATEHOLDERS

It is understood and agreed that:

If you have agreed under written contract to provide notice of cancellation to a party to whom the Agent of Record has issued a Certificate of Insurance, and if we cancel a policy term described on that Certificate of Insurance for any reason other than nonpayment of premium, then notice of cancellation will be provided to such Certificateholders at least 30 days in advance of the date cancellation is effective.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificateholder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA68021XX (02-2013)  
Endorsement Effective Date: 5/1/2023  
Endorsement No:  
Underwriting Company: Continental Casualty Company

Policy No: 7012343878  
Policy Effective Date: 5/1/2023  
Policy Page: