CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/13/2025

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. 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 Insurance Providers of Michigan, Inc. 3001 W. Big Beaver Rd. Troy MI 48084	**CONTACT NAME:** Thomas Dickow **PHONE (A/C, No, Ext):** (248) 763-2268 **FAX (A/C, No):** (248) 504-5580 **E-MAIL ADDRESS:** tdinsuranceproviders@gmail.com
INSURED Revize, LLC 150 Kirts Blvd Suite B Troy MI 48084	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** HARTFORD UNDERWRITERS INS CO 30104 **INSURER B :** HARTFORD INS CO OF IL 38288 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	[X] **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		35SBAAZ0A0F	09/10/2025	09/10/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y		35SBAAZ0A0F	09/10/2025	09/10/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000	Y		35SBAAZ0A0F	09/10/2025	09/10/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Y] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		35WECAZ0ABB	09/10/2025	09/10/2026	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional Liability/Cyber	Y		35TE0561865	09/10/2025	09/10/2026	Per claim Per aggregate Retention	$2,000,000 $2,000,000 $10,000

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

CERTIFICATE HOLDER

City of Redondo Beach, CA
415 Diamond Street
Redondo Beach CA 90277

CANCELLATION

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

Policy Change:
Business Owner's Policy

Policy Number: 35 SBA AZ0A0F

Policy Period: 09/10/2025 to 09/10/2026

Named Insured and Mailing Address:
Revize, LLC,
150 Kirts Blvd Suite B,
Troy, MI 48084

Policy Change Number: 012

Policy Change Effective Date: 11/13/2025, Effective hour is the same as stated in the Declarations Page of the Policy.

Insurer:
Hartford Underwriters Insurance Company, a property and casualty company of The Hartford

One Hartford Plaza, Hartford, CT 06155

Name of Agent/Broker:
INSURANCE PROVIDERS OF MI INC
3001 W BIG BEAVER RD STE 117
TROY, MI 48084

Code: 35357295

Coverage Parts Affected:

Common

This is NOT a bill. However, any changes in your premium will be reflected in your next billing statement. You will receive a separate bill from The Hartford. If you are enrolled in repetitive EFT draws from your bank account, changes in premium will change future draw amounts.

As a result of the changes described herein, there is an additional premium in the amount of:	$14

*Price is subject to fees and surcharges

Countersigned by: Susan L. Castaneda 11/13/2025

Authorized Representative Date

Policy Change:
Business Owner's Policy

The following Additional Insured has been added as an Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization.

Name of Additional Insured(s) Person or Organization:
City of Redondo Beach, CA , 415 DIAMOND ST, REDONDO BEACH, CA 90277

Policy is amended to revise the following Endorsement Forms reflecting the changes made to your policy.

FORM NUMBER	FORM NAME	COVERAGE PART
SC 00 02 10 18	SPECTRUM SUPPLEMENTAL SCHEDULE OF AUDITABLE COVERAGES	Common
SC 00 06 10 18	POLICY CHANGE	Common

Premium associated with this Policy Change has pro rata factor 0.824.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECTRUM SUPPLEMENTAL SCHEDULE OF AUDITABLE COVERAGES

This schedule reflects only those classes and/or coverages that are subject to audit.

POLICY NUMBER: 35 SBA AZ0A0F **Revised:** 11/13/2025

Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

Auditable Coverage Description:

LOC 1, BLDG 1:
150 KIRTS BLVD STE BTROY,MI 48084-5312
Class Code: 11171
Class Code Description: Software, Internet, Application & Web Design

Coverage Description	Rating Basis	Exposure	Final Rate
Business Income and Extra Expense	Sales	7,350,000	0.025000
Business Income from Civil Authority Orders	Sales	7,350,000	0.001000
Business Income from Off-Premises Operations	Sales	7,350,000	0.001000
Business Income from Websites	Sales	7,350,000	0.001000
Collapse Business Income	Sales	7,350,000	0.001000
Cyber Virus and Malware Coverage - BI	Sales	7,350,000	0.001000
Cyber Virus and Malware Coverage - Digital Ransom and Extortion Threats - BI	Sales	7,350,000	0.001000
Employee Dishonesty Coverage - Excludes ERISA Compliance	Sales	7,350,000	0.006000
Fraudulent Transfer Coverage	Sales	7,350,000	0.001000
Fungi, Wet Rot or Dry Rot - Limited Coverage Business Income	Sales	7,350,000	0.001000
Interruption of Computer Operations	Sales	7,350,000	0.001000
Liability and Med Exp (Premises/Completed Operations)	Sales	7,350,000	0.013000
Newly Acquired or Constructed Property BI	Sales	7,350,000	0.001000
Products - Completed Operations	Sales	7,350,000	0.006000
Spoilage Business Income	Sales	7,350,000	0.001000
Sump Overflow or Sump Pump Failure BI	Sales	7,350,000	0.001000

Coverage Description	Rating Basis	Exposure	Final Rate
Transit Business Income	Sales	7,350,000	0.001000