



## OPINION RESEARCH & STRATEGY

### FM3 RESEARCH INSURANCE COVERAGES AND LIMITS

(Updated May 22, 2025)

This document is intended to assist those drafting a contract or letter of agreement with Fairbank, Maslin, Maullin, Metz & Associates, Inc. (FM3) by providing pertinent details about the kinds of insurance FM3 maintains.

#### INSURANCE (PROPERTY AND BUSINESS LIABILITY)

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|                               |  |
|-------------------------------|--|
| Carrier:                      | Sentinel Insurance Company LTD (The Hartford Group)  |
| Rating:                       | A XV   |
| Broker:                       | O’Kane & Tegay Insurance Brokers   |
| Commercial General Liability: | \$1,000,000 (each occurrence)<br>\$10,000.00 Medical Expense (any one person)<br>\$1,000,000 Personal and Advertising Injury<br>\$1,000,000 Damages to Rented Premises (fire, lightening, explosion)<br>\$2,000,000 General Aggregate (per policy period)<br>\$2,000,000 Products/Completed Operations Aggregate |
| Automobile Liability:         | \$1,000,000 Hired/Non-Owned Auto Liability<br>(We do not own our own vehicles, and therefore, do not have “owned” auto liability insurance)  |
| Umbrella/Excess Liability:    | \$4,000,000 (each occurrence)<br>\$4,000,000 Aggregate (per policy period)   |

#### INSURANCE (PROFESSIONAL LIABILITY, AKA ERRORS AND OMISSIONS)

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|  |  |
|--|--|
| Carrier:   | Bridgeway Insurance Company  |
| Rating:  | A  |
| Broker:  | O’Kane & Tegay Insurance Brokers   |
| Professional Liability Standard Form Policy Limits | \$2,000,000 (each occurrence)<br>\$4,000,000 (annual aggregate)<br>\$25,000 (deductible) |

FM3 Research Insurance Coverages and Limits Effective 2-21-2025

INSURANCE (WORKERS COMPENSATION)

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|                |  |
|----------------|--|
| Carrier:       | Hartford Casualty Insurance Company  |
| Broker:        | O’Kane & Tegay Insurance Brokers   |
| Rating:        | A-   |
| Policy Limits: | \$1,000,000 Bodily Injury by Accident (each accident)<br>\$1,000,000 Bodily Injury by Disease (policy limit)<br>\$1,000,000 Bodily Injury by Disease (each employee) |

INSURANCE (Cyber Liability)

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|                |                                  |
|----------------|----------------------------------|
| Carrier:       | Coalition Insurance Company      |
| Broker:        | O’Kane & Tegay Insurance Brokers |
| Rating:        | A-                               |
| Policy Limits: | \$1,000,000 Cyber Liability      |

(And see attached sample certificate of workers compensation insurance)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2025

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).

|   |  |  |
|---|--|--|
| <b>PRODUCER</b><br>O'Kane & Tegay Insurance Brokers<br>P.O. Box 27556<br>San Francisco CA 94127   | <b>CONTACT</b><br>NAME: Willis Wong<br>PHONE (A/C, No, Ext): 415-242-8777<br>FAX (A/C, No): 415-661-2540<br>E-MAIL ADDRESS: wwong@okaneins.com |  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Fairbank, Maslin, Maullin, Metz & Associates FM3 and FM3 Research<br>2054 University Avenue, Suite 600<br>Berkeley CA 94704 | <b>INSURER A:</b> Hartford Underwriters Insurance Company  |  |
|   | <b>INSURER B:</b> Hartford Casualty Insurance Company  |  |
|   | <b>INSURER C:</b> Bridgeway Insurance Company  |  |
|   | <b>INSURER D:</b> Coalition Insurance Company  |  |
|   | <b>INSURER E:</b>  |  |
| <b>INSURER F:</b>   |  |  |

**COVERAGES** **CERTIFICATE NUMBER:** 2130881841 **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        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |          | 57SBABH2X3J              | 1/13/2025               | 1/13/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |  |          | 57SBABH2X3J              | 1/13/2025               | 1/13/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |  |          | 57SBABH2X3J              | 1/13/2025               | 1/13/2026               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> Y | N/A      | 57WECRT6521              | 1/13/2025               | 1/13/2026               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| C        | Professional Liability/E&O   |  |          | 7GA7PL000188301          | 1/13/2025               | 1/13/2026               | E&O-Each Claim Limit 2,000,000  |
| D        | Cyber Liability  |  |          | C-4MQ8-577794-CYBER-2025 | 4/11/2025               | 4/11/2026               | E&O-In the Aggregate 4,000,000<br>Cyber Liability 1,000,000   |

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

## CERTIFICATE HOLDER

## CANCELLATION

|              |  |
|--------------|--|
| Insured Copy | 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<br>  |

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