

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

POSIINC-01

Т	HIS	CERTIFICATE IS	ISSUED AS A	МАТ	TER	R OF INFORMATION ON	ILY AN	D CONFERS	NO RIGHTS			DLDER. 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.													
lf th	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 License # 0L72977								CONTACT NAME:					
Legacy Risk & Insurance Services 1850 Mt. Diablo Blvd., Suite 400 Walnut Creek, CA 94596								PHONE (A/C, No, Ext): FAX (A/C, No): FAX (A/C, No): E-MAIL ADDRESS: certificates@legacyrisk.net					
								INSURER(S) AFFORDING COVERAGE				NAIC #	
							INSURER A : Houston Casualty Co					42374	
INSURED							INSURER B : Everest Denali Insurance Company				16044		
PosiGen, PBC; PosiGen, LLC; Posi						en Developer, LLC and	INSURER C: Crum & Forster Indemnity Company					31348	
related entities 145 James Dr. E, Suite 300 Saint Rose, LA 70087							INSURER E : Lloyd's of London					22314	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:													
THIS IS TO CERTIFICATE NOWMER: 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 F						BEEN REDUCED BY PAID CLAIMS.					- ,	
INSR LTR		TYPE OF INSU	IRANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
Α	X	COMMERCIAL GENER								EACH OCCURRENCE	\$	15,000,000	
		CLAIMS-MADE	CLAIMS-MADE X OCCUR			SO244884001		7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	15,000,000	
	GEN	N'L AGGRE <u>GAT</u> E LIMIT	AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	15,000,000	
	X	POLICY PRO- JECT OTHER:	LOC							PRODUCTS - COMP/OP AGG	\$	15,000,000	
В	AUTOMOBILE LIABILITY X ANY AUTO					CF2CA00182241			7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	ŝ	1,000,000	
								7/1/2024		BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY								BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident))\$		
											\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION	ON \$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								3/1/2025	X PER OTH- STATUTE ER			
				N/A		4087465659		3/1/2024		E.L. EACH ACCIDENT	\$	1,000,000	
				N/A						E.L. DISEASE - EA EMPLOYE	E\$	1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
D	Exc	esss Auto				NHA601515		7/1/2024	7/1/2025	Liability Limit		2,000,000	
Е	Car	go/Property				MCFAL10000722		7/1/2024	7/1/2025	Any One Transit		250,000	
E DES Carç Evid		CRIPTION OF OPERATI COMPROPERTY CON OF OPERATIONS /	LOCATIONS / VEHICI : \$2,500 any one	LES (AC Claim	CORD		-	7/1/2024	7/1/2025	Any One Transit	\$	2,000,0	

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

Evidence of Insurance

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