

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/01/2024

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).

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PRODUCER	CONTACT NAME:		INSURER(S) AFFORDING COVERAGE					
Aon Risk Services Northeast, Inc. New York NY Office	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	05				
One Liberty Plaza 165 Broadway, Suite 3201	E-MAIL ADDRESS:		RAGE NAIC# Inpany 22322 Lialty Ins Company 22276 Iny 20281					
New York NY 10006 USA		INSURER(S) AFFORDING COVE	NAIC#					
INSURED	INSURER A:	Greenwich Insurance Company		22322				
Kroll, LLC 55 E. 52nd Street	INSURER B:	Berkshire Hathaway Spe	cialty Ins Company	22276				
New York NY 10055 USA	INSURER C:	Federal Insurance Comp	coverage NAIC# 2 Company 22322 Specialty Ins Company 22276 Company 20281					
	INSURER D:	Great Northern Insuran	20303					
	INSURER E:							
	INSURER F:	<u> </u>	<u> </u>	·				

COVERAGES CERTIFICATE NUMBER: 570108686957 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,

Limits shown are as requested

INSR LTR		TYPE OF INSU	JRAN	ICE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	Х	COMMERCIAL GENERAL	LIAE	BILITY			35889010	09/30/2024	09/30/2025	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE	Х	OCCUR			International GL			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
				_						MED EXP (Any one person)	\$50,000
										PERSONAL & ADV INJURY	\$2,000,000
	GEN	I'L AGGREGATE LIMIT APP	LIES	PER:						GENERAL AGGREGATE	\$4,000,000
	Х	POLICY PRO- JECT		LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:									
D	AUT	OMOBILE LIABILITY					35889010 International Auto	09/30/2024	09/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		ANY AUTO					International Auto			BODILY INJURY (Per person)	
		OWNED		HEDULED TOS						BODILY INJURY (Per accident)	
	~	AUTOS ONLY HIRED AUTOS X		N-OWNED						PROPERTY DAMAGE (Per accident)	
		ONLY	AU.	TOS ONLY						(Fer accident)	
С			щ	1			79850316	09/30/2024	09/30/2025	FACH OCCURRENCE	\$5,000,000
٠	Х	UMBRELLA LIAB	Х	OCCUR			75050510	03/30/2024	03/30/2023		
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$5,000,000
	Х	DED RETENTION									
D		RKERS COMPENSATION A PLOYERS' LIABILITY	ND				35889010	09/30/2024	09/30/2025	PER STATUTE X OTH-	
		PROPRIETOR / PARTNER /		Y/N N	N/A		International WC			E.L. EACH ACCIDENT	\$2,000,000
	(Ma	CUTIVE OFFICER/MEMBER Indatory in NH)			N/A					E.L. DISEASE-EA EMPLOYEE	\$2,000,000
	If y	es, describe under SCRIPTION OF OPERATIOI	NS b	elow						E.L. DISEASE-POLICY LIMIT	\$2,000,000
Α	Су	ber Liability					MTP903273809 Claims Made SIR applies per policy ter		09/27/2025 tions	Aggregate	\$5,000,000
DESC	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)										

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

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.			
NUTHORIZED REPRESENTATIVE			
ı			

AGENCY CUSTOMER ID: 570000026546

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY			NAMED INSURED
Aon Risk Services Northeast	t, Inc.	Kroll, LLC	
POLICY NUMBER			
See Certificate Number:	570108686957		
CARRIER		NAIC CODE	
See Certificate Number:	570108686957		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) A	FFORDING COVERAGE	NAIC#
INSURER		

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	mump on micron and		L SUBR WVD		POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER				(MM/DD/YYYY)			
В	E&O - Miscellaneous Professional-Primary			47EPF31767704 Claims Made SIR applies per policy te		09/27/2025 ons	Aggregate	\$5,000,000