Client#: 1795003 MILROCON3

## $ACORD_{m}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		CONTACT Karen or Jackie						
USI Insurance Services, LLC		PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 203 63	84-5701					
	rds Avenue 5th Floor	E-MAIL ADDRESS: usictcertificates@usi.com	E-MAIL ADDRESS: usictcertificates@usi.com					
,	CT 06854	INSURER(S) AFFORDING COVERAGE	NAIC#					
855 874-0123		INSURER A: American Casualty Company of Reading PA	20427					
INSURED	Masterplan, a Milrose Company	INSURER B : Continental Insurance Company	35289					
		INSURER C: Valley Forge Insurance Company	20508					
	2201 Main St, Suie 1280	INSURER D : Continental Casualty Company	20443					
	Dallas, TX 75201	INSURER E: HSB Specialty Insurance Company	14438					
		INSURER F: Federal Insurance Company	20281					

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 Insr	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY	х	X	6080935611	05/01/2022	05/01/2023	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	<b>\$15,000</b>
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
D	AUTOMOBILE LIABILITY	X	X	6080935592	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS							\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	UMBRELLA LIAB X OCCUR	X	X	CUE6080940291	05/01/2022	05/01/2023	EACH OCCURRENCE	\$10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED X RETENTION \$10000							\$
С	AND EMPLOYEDE! LIABILITY		x	6080934460	05/01/2022	05/01/2023	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N						E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>
D	D Professional Liab			287373878	05/14/2022	05/01/2023	\$2,000,000	
E	E Cyber Liab			662689301	05/14/2022	05/01/2023	\$2,000,000	
F	F D&O/EPL/Fid/Crime			82349242	5/1/2022	5/1/2023	\$3M D&O/EPL/Fid,\$	1M Cri
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more snace is required)							

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

**Evidence of Insurance** 

CERTIFICATE HOLDER	CANCELLATION
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Masterplan, a Milrose Company 2201 Main St, Suie 1280 Dallas, TX 75201 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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