

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2020

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.

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				NAME: Nick Budor						
Wall Street Insurance				PHONE (A/C, No, Ext): 9709264900 (A/C, No):						
105 Edwards Village Blvd. C-201				ADDRESS: debbie@wallstreetinsurance.com						
				INSURER(S) AFFORDING COVERAGE					NAIC#	
Edwards			CO 81632	INSURER A: LLOYD'S OF LONDON						
INSURED				INSURER B:						
RapidDeploy Inc				INSURER C:						
720 Brazos St Ste 110				INSURER D :						
				INSURER E :						
Austin			TX 78701							
COVERAGES CER	TIFIC	ATE	NUMBER:	INSURER F : REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	MENT, THE ES. LI	. TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR 01 DLICIES DESCR DUCED BY PAI	NSURED NAM THER DOCUM RIBED HEREIN D CLAIMS.	ED ABOVE FOR THE POLIC	JICH TH	DD IS	
TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY						21170	EACH OCCURRENCE	\$	2,000,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
		1					MED EXP (Any one person)	\$	10,000	
			ESI0011900540		10/11/2019	10/11/2020	PERSONAL & ADV INJURY	s	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:							THE STATE COMMITTEE THE	\$	2,000,000	
AUTOMOBILE LIABILITY			1877 1877 1977	_			COMBINED SINGLE LIMIT	\$	2,000,000	
ANY AUTO					2		(Ea accident) BODILY INJURY (Per person)	\$	2,000,000	
OWNED SCHEDULED AUTOS ONLY AUTOS			ESI0011900540		10/11/2019	10/11/2020	BODILY INJURY (Per accident)	\$	<u> </u>	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					.0/11/2017	10/11/2020	PROPERTY DAMAGE	\$		
AUTOS GNET							(Per accident)	\$		
UMBRELLA LIAB OCCUR				-			E4011000110001100			
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	·	
DED RETENTION\$							AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH-	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A									
OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below					1		E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS BEIOW		\vdash		-				\$		
A Professional Liability			F010011000640		10/11/0010		Each Claim		\$2,000,000	
A			ESI0011900540		10/11/2019	10/11/2020	Aggregate		\$2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORE	0 101, Additional Remarks Sched	ule, may l	be attached if mo	ore space is requ	lired)			
CERTIFICATE HOLDER	-			CANCI	ELLATION					
				CANCI	ELLATION					
Evidence of Insurance				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						
				Debbie Harland						



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PRO	DUC	ER							CONTA NAME:	Nick Bu	dor				
Wall Street Insurance									PHONE 07000 (4000						
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100 Samulas Village Dive. C-201															
Ed	ward	le.						CO 01622	INSURER(S) AFFORDING COVERAGE				NAIC#		
INSU		1.5						CO 81632	INSURER A: TRAVELERS						
			D = 11D						INSURER B:						
			RapidDe						INSURE						
720 Brazos St, Ste 110									INSURER D:						
									INSURE	RE:					
			Austin					TX 78701	INSURE	ERF:					
		AGES						NUMBER:				REVISION NUMBER:			
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C	INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PO							INSURANCE AFFORDED BY	THE PO	DLICIES DESCR	RIBED HEREIN	ENT WITH RESPECT TO WE N IS SUBJECT TO ALL THE T	TICH TH	IS	
INSR LTR	T	JOIOIN				ADDI	SUBR		EEN KE			1			
LTR	-	Looses	TYPE OF			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	_	COMIN	IERCIAL G	ENEKA	AL LIABILITY	1						EACH OCCURRENCE	\$		
	_	\square	LAIMS-MA	DE [OCCUR							PREMISES (Ea occurrence)	\$		
					-							MED EXP (Any one person)	\$		
	<u> </u>	J										PERSONAL & ADV INJURY	\$		
	GEN	N'L AGG			PPLIES PER:							GENERAL AGGREGATE	s		
		POLIC	Y PI	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHE											\$	·	
	AUT	ОМОВ	LE LIABILI	TY		1						COMBINED SINGLE LIMIT	S		
		ANY A	UTO									(Ea accident) BODILY INJURY (Per person)	\$		
Ī	\vdash	OWNE			SCHEDULED								\$		
	\vdash	HIREC			AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	┝	AUTO	SONLY	Н	AUTOS ONLY							(Per accident)	•		
	-	LIMPD	ELLA LIAB	┸┦		├	-						\$		
	⊢	Į.	SS LIAB	` -	OCCUR							EACH OCCURRENCE	\$		
	<u> </u>	EACE	S LIAB		CLAIMS-MADE	1						AGGREGATE	\$		
		DED		ENTIO	V\$								\$		
			COMPENSA YERS' LIA		Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$					
I (Mandatorv in NH) └───									E.L. DISEASE - EA EMPLOYEE	\$					
If yes, describe under DESCRIPTION OF OPERATIONS below			1							\$					
						\Box						Each Claim	<u> </u>	\$1,000,000	
Α	Cr	ime						106993858		10/11/2019	10/11/2020	Aggregate		\$1,000,000	
											10/11/2020	1186105utc		\$1,000,000	
DESC	RIPT	ION OF	OPERATIO	NS/L	OCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Sched	lule, mav	be attached if mo	ore space is requ	uired)			
CER	CERTIFICATE HOLDER								CANCELLATION						
Evidence of Insurance									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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