

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/30/2023

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).												
PRODUCER			CONTACT CSC									
Mylo LLC			PHONE (A/C, No, Ext):		FAX (A/C, No):							
8880 Ward Parkway			E-MAIL experthelp@cho	oosemylo.com	, ,							
Suite 200			INSURER((S) AFFORDING COVERAGE	NAIC #							
Kansas City	MO 64	4114	INSURER A: Hartford Insura	nce Group	30104							
INSURED			INSURER B: Wellfleet Insura	ance Company	32280							
Five Points Networks LLC			INSURER C :									
9819 Gould Dr			INSURER D :									
			INSURER E :									
Manvel	TX 7	7578-2159	INSURER F:									
COVERAGES CER	RTIFICATE NUMBER:	CL232161234	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.												
		IT HAVE BEEN										
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD POLI	CY NUMBER		CY EXP DD/YYYY)	LIMITS							

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
Α	×	COMMERCIAL GENERAL LIABILITY			37SBAAR4MLJ	03/01/2023	03/01/2024	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
								MED EXP (Any one person)	\$ 10,000		
								PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		OTHER:							\$		
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ANY AUTO			37SBAAR4MLJ	03/28/2023	03/01/2024	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
А	×	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000		
		EXCESS LIAB CLAIMS-MADE			37SBAAR4MLJ	03/28/2023	03/01/2024	AGGREGATE	\$ 5,000,000		
		DED RETENTION \$							\$		
В		RKERS COMPENSATION EMPLOYERS' LIABILITY						➤ PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		N9WC493013	03/03/2023	03/03/2024	E.L. EACH ACCIDENT	\$ 1,000,000		
			"/^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	If yes	yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
А	FailSafe Technology Errors or Omissions Liability				37SBAAR4MLJ	03/01/2023	03/01/2024				
								Each Wrongful Act	1,000,000		
							Aggregate Limit	1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

CERTIFICATE HOLDER 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. Plan B Technology Corp. 40 Commerce Drive AUTHORIZED REPRESENTATIVE

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Hauppauge

NY 11788