

## CERTIFICATE OF LIABILITY INSURANCE

MARATHN-CL

DATE (MM/DD/YYYY)	
4/16/2024	

Auromobile Linkin Applies PER:       PREMISES (Ea accurrence)       \$         GEN'L AGGREGATE LIMIT APPLIES PER:       PRODUCY       JECT       X         OTHER:       POLICY       JECT       X       LOC         OTHER:       B       AUTOMOBILE LIABILITY       \$       \$         ANY AUTO       SCHEDULED       SCHEDULED       \$       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       X       AUTOS ONLY       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$       \$         A       UMBRELLA LIAB       OCCUR       \$       \$       \$         A       UMBRELLA LIAB       OCCUR       \$       \$       \$         A       UMBRELA LIAB       OCCUR       \$       \$       \$         A       UMBRELA LIAB       OCCUR       \$       \$       \$         A       UMBRELA LIAB       OCCUR       \$       \$       \$         A       MERESCOMPENSATION \$       \$       \$       \$						4/16/2024			
If SURGOATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate docker in lieu of such endorsement(s).       Image: Condition of the policy, certain policies may require an endorsement. A statement on this certificate docker in lieu of such endorsement(s).         PERCOUCER       Gregory & Appel Insurance 333 M Capitol Arriva Sum 2000       Image: Condition of the policy, certain policies may require an endorsement. A statement on this certificate docker in lieu of such endorsement(s).         Insure D       Marathon Health, LLC       Image: Condition of the policy, certain policies may require an endorsement in the state of the policy.       Image: Condition of the policy.         Insure D       Marathon Health, LLC       Image: Condition in surance Condition on surance Condition on surance Conditions of the policy.       Image: Condition on surance Condition on surance Condition on surance Conditions of the policy.         COVERAGES       CERTIFICATE NUMBER:       Revision Number: Tesm of condition on surance Condition on surance Condition on surance Conditions of the policy.       Image: Condition on surance Conditions on surance Condition on surance Conditions on surance Condition on surance Condit condit condition on surance Condition on surance C	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								
Gregory & Appel Insurance And mapping, IN 462014     If Columbia (Insurance)	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).								
Gregory & Appel Insurance And mapping, IN 462014     If Columbia (Insurance)	PRODUCER	IACT Jabnel S	Soto						
Indianapolity, in 46204       Indianapolity, in 46204 <td>Gregory &amp; Appel Insurance</td> <td></td> <td colspan="7"></td>	Gregory & Appel Insurance								
Insurero         Insurero         Insurero         Insurero           Insurero         Marathon Health, LLC Burlington, VT 05401         20494         41840           Insurero         Insurero         20694         41840           Insurero         Insurero         20694         41840           Insurero         Insurero         20694         41840           Insurero         Insurero         Common Com		E-MA	E-MAIL of isoto@gregoryappel.com						
INSURED INSURE							NAIC #		
INSURED     Marathon Health, LLC 128 Lakeside Avenue, Suite 225 Burlington, VT 05401     INSURER a: Transportation Insurance Co     20494       INSURER b: ACE American Insurance Company     22667       INSURER b: ACE American Insurance Company     20607       INTER D: ACE American Insurance Company     20607       INTA     Market b: Ace American Insurance Company       INTA     INTA     INTA       INTA     INTA     INTA       INTA									
Marathon Health, LLC 128 Labeside Avoune, Suite 225 Burlington, VT 05401     Insure c: Allmerica Financial Benefit     41840       INSURE C: ALIMERT Ca Financial Benefit     41840       INSURE C: Market R ::     Insure Company     22667       INSURE C: Market R ::     Insure Company     22667       INSURE C: Market R ::     Insure R ::     Insure Company     22667       INSURE C: Market R ::     Insure R ::     Insure R ::     Insure R ::       INSURE C: Market R ::     Insure R ::     Insure R ::     Insure R ::       INSURE C: ALIMER AND CONTON'S TANK MAY PARTAIN. THE POLICIES OF SURE POLICY PRICE     Revision Multiple Statement Number Market Reset To Mark AND REVISION AND AND PARA BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.       EXCLUSIONS AND CONDITIONS OF SUCH POLICY IN MAY PARTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.       EXCLUSIONS AND CONDITIONS OF SUCH POLICY IN MAY PARTAIN. THE INSURANCE AFFORDED BY THE POLICY IN MULTIPLE POLICY IN INFORMATION AND CARAFTER POLICY IN MULTIPLE POLICY IN INFORMATION IN THE POLICY IN MULTIPLE POLICY IN MULTIPLE POLICY IN MULTIPLE POLICY IN INFORMATION IN THAVE BEEN REDUCED BY THE POLICY IN MULTIPLE POLICY IN INFORMATION IN MULTIPLE POLICY IN MULTIPLE POLICY IN INFORMATION IN MULTIPLE POLICY IN I	INSURED							-	
128 Lakeside Avenue, Suite 225 Burlington, VT 05401     INSURER D : ACE American Insurance Company     22667       INSURER D : Imsurance Company     22667       INSURER D : Imsurance Company     22667       Imsurance Company     Imsurance Company     22667       Imsurance Company     Company     Company     Imsurance Company     Company       Imsurance Company     Co									
Burlington, VT 05401      MINURER E:     MINURER F:     MINUR F:     MINURER F:     MINURER									
COVERAGES     CENTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE POR THE POLICY PERIOD NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID AMAGE TO RETURN TO PROVIDE \$      CONDUCT ON THE OF INSURANCE     CONDUCT ON MARKET IN TAPPLIES PER POLICY NUMBER     HIMA1064390164     HIMA106					merican ins	urance company		22007	
COVERAGES         CERTIFICATE NUMBER:           This Is TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISOURD TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD REPORTED AND THE ISOURANCE FOR THINKIT. ITEMEN ON CONDITION OF ANY DESCRIPTION THE REPORT TO ALL THE FEMALS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS: EXCLUSIONS AND COURT AND BY AND DESCRIPTION OF DEPARTMENT. IN THE FEMALS EXCLUSIONS AND COURT AND DESCRIPTION OF DEPARTMENT. IN THE FEMALS EXCLUSIONS AND COURT AND DESCRIPTION OF DEPARTMENT. IN THE FEMALS EXCLUSIONS AND COURT AND DESCRIPTION OF DEPARTMENT. IN THE FEMALS EXCLUSIONS AND COURT AND DESCRIPTION OF DEPARTMENT. IN THE FEMAL DESCRIPTION OF OPERATIONS OF AND AND DESCRIPTION OF OPERATIONS SUBJECT TO ALL THE FEMAL ANTONOBULE LIABILITY ANTON ONLY IN THE POLICIES. LADIES AND DESCRIPTION OF OPERATIONS AND DESCRIPTION OF OPERATION									
THIS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ADOVE FOR THE POLICY PERIOD         INDICATED. NOTWITHSTANDING AVX REQUIREMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS.         EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWING AT HAVE BEEN REDUCED BY THE POLICY ESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS.         INDICATED. AND CONTINUES OF SUCH POLICIES. LIMITS SHOWING AT HAVE BEEN REDUCED BY THE POLICY ESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS.         INTRE CONTRACT OR INSURANCE       ADOL SUMP POLICY NUMBER         INTRE CONTRACT OR INTRE POLICY NUMBER       POLICY NUMBER         INTRE CONTRACT OR INTRE POLICY NUMBER       POLICY NUMBER         INTRE CONTRACT OR INTRE POLICY NUMBER       POLICY NUMBER         INTRE CONTRACT OR OTHER POLICY       INAL STATEMENT         INTRE CONTRACT OR INTRE POLICY NUMBER       POLICY NUMBER         INTRE CONTRACT OR INTRE POLICY       INAL STATEMENT         INTRE CONTRACT OR INTRE POLICY       INAL STATEMENT         INTRE CONTROL       ANT AND STATE ON TO THE POLICY NUMBER </td <td></td> <td></td> <td></td> <td>RER F :</td> <td></td> <td></td> <td></td> <td></td>				RER F :					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXECUTIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREN IS SUBJECT TO ALL THE TERMS. EXECUTIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREN IS SUBJECT TO ALL THE TERMS. EXECUTIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREN IS SUBJECT TO ALL THE TERMS. EXECUTIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREN IS SUBJECT TO ALL THE TERMS. IMPROVIDE AND ALL THE CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAREN IS SUBJECT TO ALL THE TERMS. EXECUTIONS OF CONTRACT AND ALL THE TERMS. INFORMATION AND ALL THE CONTRACT AND ALL THE TERMS. INFORMATION ALL THE CONTRACT AND ALL THE TERMS. INFORMATION ALL THE ALL T		-	-						
A       X       COMMERCAL GENERAL LABILITY       FACH OCCURENCE       \$       5.000.000         CLAIMS-MADE       X       OCCUR       300.000       B       2.000.000       FERSINAL ACRE TO RETINCE       \$       300.000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       1200       \$       5.000.000       FERSINAL A ADV NURY       \$       5.000.000         OTHER       B       AUTOMOBILE LIABILITY       AVIATO       COMBINE SINCE LIMIT       \$       1.000.000         ANY AUTO       SUPPOLICE       X       SUPPOLICE       X       COMBINE SINCE LIMIT       \$       1.000.000         ANY AUTO       SUPPOLICE       X       SUPPOLICE       X       S<	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,								
A       X       COMMERCAL GENERAL LABILITY       FACH OCCURENCE       \$       5.000.000         CLAIMS-MADE       X       OCCUR       300.000       B       2.000.000       FERSINAL ACRE TO RETINCE       \$       300.000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       1200       \$       5.000.000       FERSINAL A ADV NURY       \$       5.000.000         OTHER       B       AUTOMOBILE LIABILITY       AVIATO       COMBINE SINCE LIMIT       \$       1.000.000         ANY AUTO       SUPPOLICE       X       SUPPOLICE       X       COMBINE SINCE LIMIT       \$       1.000.000         ANY AUTO       SUPPOLICE       X       SUPPOLICE       X       S<	INSR TYPE OF INSURANCE ADDI		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMI	тs		
CLAIMS-MADE       X       OCCUR       MAIAGE TO RENTED       \$       300,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       PEC       X       Loc       PERSONAL & ADV NURY       \$       5,000,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       PEC       X       Loc       PROVIDE X       S       5,000,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       PEC       X       Loc       S       5,000,000         AUTOMOBILE LIMITY       ANY AUTO       SCHEDULED       AUTOSONLY       X       S       0       S       0       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       0       S       S       0       S						EACH OCCURRENCE	\$	5,000,000	
MED EXP (Any one person)       \$       5,000         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       JECF X       Loc         POLICY       JECF X       Loc       POLICY       S000,000         GENL AGGREGATE LIMIT APPLIES PER:       S       5,000,000         POLICY       JECF X       Loc       S         B       AUTOMOBILE LIABILITY       S       S         VMRED       AUTOMOSILE LIABILITY       S       S         AUTOMOSILE LIABILITY       AUTOS       COMBINED SINGLE LIMIT       S         VMRED       AUTOMOSILE LIABILITY       AUTOS       COMBINED SINGLE LIMIT       S         AUTOMOSILE LIABILITY       AUTOS       AUTOS       COMBINED SINGLE LIMIT       S         VMRED       AUTOS       AUTOS       AUTOS       AUTOS       S         OWNED       AUTOS       AUTOS       AUTOS       AUTOS       S         OWNEDS       AUTOS       AUTOS       AUTOS       S       S         AUTOS       AUTOS       AUTOS       AUTOS       S       S         AUTOS       AUTOS       CLAMASMADE       AUTOS       S       S         AUTOS       CLAMASMADE       AUTOS       S       S       S	CLAIMS-MADE X OCCUR	H	HMA1064390164	4/1/2024	4/1/2025	DAMAGE TO RENTED	· ·	300,000	
C       MUMBRELLA LAB       COLUBRY       S.000,000         ANT AVIOS       OFHER:       S         ANT AVIOS       ANTA AUTO       SCHEDULED         ANTA AUTO       ANTA ONE ONLY       X.00450/WHEP         ANTONOBILE LIABILITY       SCHEDULED         ANTONOBILE LIABILITY       S         ANTA AUTO       SCHEDULED         ANTA OFS ONLY       X.00450/WHEP         ANTA OFS ONLY       X.00450/WHEP         ANTA OFS ONLY       X.00450/WHEP         AN AUTOS ONLY       X.00450/WHEP         AN AUTOS ONLY       X.00450/WHEP         ANTOS ONLY       X.00450/WHEP         AN AUTOS ONLY       MUMCH01121072         4/1/2024       4/1/2025         AN EXCESS LIAB       CLAIMS-MADE         AN EXCESS LIAB       VIAMS/MEMA         AN EXCESS LIAB       VIAMS/MEMA         AN EXCESS LIAB       VIAMS/MEMA							· ·	5,000	
GENTLAGGREGATE LIMIT APPLIES PER:       POLUCY       GENTLAGGREGATE       \$ 5,000,000         OTHER:       OTHER:       COMMINED SINGLE LIMITY       \$ 1,000,000         ANJTONGBUE LIABILITY       SHEDULED       SHEDULED       SHEDULED         X WINGS ONLY         X WINGS ONLY       X WINGS ONLY       X WINGS ONLY       X WINGS ONLY       X WINGS ONLY         X WINGS ONLY       X WINGS ONLY       X WINGS ONLY       X WINGS ONLY       X WINGS ONLY         A       UMBRELLA LIAB       OCCUR       BUA7012228956       4/1/2024       4/1/2025         A       WINGS ONLY       X WINGS ONLY       X WINGS ONLY       X WINGS ONLY       S TOTO         A       UMBRELLA LIAB       OCCUR       A UNANTO       S TOTO       S TOTO         X EXCESS LIAB       X ICLAMIS-MADE       HIMC4031941072       4/1/2024       4/1/2025       EACH OCCURRENCE       \$ 10,000,000         A       UMBRELLA LIAB       OCCUR       X EXCESS LIAB       X ICLAMIS-MADE       \$ 1,000,000       AGGREGATE       \$ 10,000,000         B       WINWH471423       4/1/2024       4/1/2025       ELCHACCIDENT       \$ 1,000,000         EL DISEARE - FALLEDEDY       N/A <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· ·</td> <td>5,000,000</td>							· ·	5,000,000	
B       AUTOMOBILE LIABILITY       AUTOMOBILE LIABILITY       AUTOMOBILE LIABILITY       AUTOMOBILE LIABILITY       AUTOMOBILE LIABILITY       BUA7012228956       4/1/2024       4/1/2024       BODILY NURY (Per person)       \$         A       AUTOMOBILE LIABILITY       AUTOMOBILE LIABILITY       BUA7012228956       4/1/2024       4/1/2024       BODILY NURY (Per person)       \$       BODILY NURY (Per person)       \$         A       AUTOMOBILE LIABILITY       AUTOS ONLY       X NOTES COMPONENCE       \$       BODILY NURY (Per person)       \$         A       UMBRELLA LIAB       OCCUR       \$       \$       BODILY NURY (Per person)       \$         A       UMBRELLA LIAB       OCCUR       \$       \$       \$       \$       \$         A       UMBRELLA LIAB       OCCUR       \$       <							· ·	5,000,000	
Image: Construction of the construc							· ·		
B       AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       \$       1,000,000         ANY AUTO       SCHEDULED       SCHEDULED       AVITOS ONLY       SCHEDULED       BUA7012228956       4/1/2024       4/1/2025       ECOMENTED SINGLE LIMIT       \$       1,000,000         A       MUMBRELLA LIAB       OCCUR       MOREQUINED       AVITOS ONLY       XUMOS ONLY       SCHEDULED       \$       ECOMENT SINGLE LIMIT       \$       0,000,000         A       MUBRELLA LIAB       OCCUR       AVITOS ONLY       AVITOS ONLY       AVITOS ONLY       \$       EACH OCCUR NUMARE       \$         C       WORKERS COMENSATION       CLAIMS-MADE       HIMC4031941072       4/1/2024       4/1/2025       EACH OCCURRENCE       \$       10,000,000         AND EMPLOYERS' LLABILITY       N /A       MUMWH471423       4/1/2024       4/1/2024       4/1/2025       EACH OCCURRENCE       \$       10,000,000         Comenter orgenerations       N /A       MADE EMPLOYERS' LLABILITY       N /A       MUMWH471423       4/1/2024       4/1/2024       4/1/2025       EL EACH ACCIDENT       \$       1,000,000         Comenter orgenerations       N /A       MADE EMPLOYERS' LLABILITY       N /A       MUMUH471423       4/1/2024       4/1/2025       EL EACH ACCIDENT       \$ </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td>· ·</td> <td></td>						PRODUCTS - COMP/OP AGG	· ·		
ANY OUNOMINATION       ANY AUTO       S <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.000.000</td>								1.000.000	
OWNED X       AUTOS ONLY HIRED ONLY       AUTOS ONLY X AUTOS				4/1/2024	4/1/2025	, ,	· ·		
X       HIRED ONLY       X       NON-OWNERD       s         A       UMBRELLA LIAB       CCCUR       \$         X       EXCESS LIAB       X       CLAIMS-MADE         V       DED       X       RETENTIONS       OCCUR         V       DED       X       RETENTIONS       OCCUR         V       VORKERS COMPENSATION       N/A       HMC4031941072       4/1/2024       4/1/2025       EACH OCCURRENCE       \$       10,000,000         A       VORKERS COMPENSATION       VORKERS COMPENSATION       VORKERS COMPENSATION       \$			30A7012228930	4/1/2024	4/1/2025		1		
A       UMBRELLA LIAB       OCCUR       AGGREGATE       \$         X       EXCESS LIAB       X       CLAIMS-MADE       A       A/1/2024       4/1/2025       EACH OCCURRENCE       \$       10,000,000         X       EXCESS LIAB       X       RETENTION \$       0       \$       AGGREGATE       \$       10,000,000       \$         C       WORKER SCOMPENSATION AND EMPLOYERS' LIABILITY MADE EMPLOYERS' LIABILITY (Mandatory in NH)       Y/N       WMWH471423       4/1/2024       4/1/2025       K       PER EL EACH ACCIDENT       \$       000,000         PERCENTRY MORE RECLUIDED?       Y/N       N/A       WMWH471423       4/1/2024       4/1/2025       K       EL EACH ACCIDENT       1,000,000         EL DISEASE - FOLICY LIMIT       N/A       MMINH471423       4/1/2024       4/1/2025       Linit       1,000,000         EL DISEASE - FOLICY LIMIT       N/A       MMINH471423       4/1/2024       4/1/2025       Aggregate       5,000,000         D       Cyber Liability       N/A       MINA1064390164       4/1/2024       4/1/2025       Aggregate       5,000,000         D       Cyber Liability       D97014735       4/1/2024       4/1/2025       Aggregate       5,000,000         D       CLOCATIONS / VEHI							1		
A       UMBRELLA LIAB       OCCUR       EACH OCCURRENCE       \$       10,000,000         X       EXCESS LIAB       X       CLAIMS-MADE       A/1/2024       4/1/2024       4/1/2025       AGREGATE       \$       10,000,000         C       WORKERS COMPENSATION ANY PROPRIETOR/PARTINERVEXECUTIVE OFFICERMEMBER EXCLUDED?       Y/N N/A       N/A       WMWH471423       4/1/2024       4/1/2024       4/1/2025       X       PER EL. EACH ACCIDENT       \$       1,000,000         If year Member Excluded?       M/A       MANDEMEDY       N/A       WMWH471423       4/1/2024       4/1/2025       X       PER EL. EACH ACCIDENT       \$       1,000,000         If year Member Excluded?       MARANDE       MANDE EXCLUDED?       MANDE       MANDE EXCLUDED?       \$       1,000,000         If year Member Excluded?       N/A       MANDE EXCLUDED?       N/A       MANDE EXCLUDED?       \$       1,000,000         If year Member Excluded?       N/A       MANDE Excluded?       N/A       MANDE Excluded?       \$       1,000,000         If year Member Excluded?       N/A       MANDE Excluded?       MANDE Excluded?       \$       1,000,000         If year Member Exclude?       MANDE Excluded?       MANDE Excluded?       MANDE Excluded?       \$       1,000,000 </td <td>AUTOS ONLY AUTOS ONLY</td> <td></td> <td></td> <td></td> <td></td> <td>(Per accident)</td> <td>· ·</td> <td></td>	AUTOS ONLY AUTOS ONLY					(Per accident)	· ·		
A       ALIAB       X       CLAIMS-MADE       HMC4031941072       4/1/2024       4/1/2024       4/1/2025       AGGREGATE       \$       10,000,000         C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY OFFICERMEMBER EXCLUDED?       N/A       WMWH471423       4/1/2024       4/1/2024       4/1/2025       X       Example of H- EL. EACH ACCIDENT       \$       1,000,000         AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY (Mandatory in NH)       N/A       WMWH471423       4/1/2024       4/1/2024       4/1/2025       X       Example of H- EL. DISEASE - FALCOPERT       \$       1,000,000         A Malpractice D       Cyber Liability       D97014735       4/1/2024       4/1/2025       Aggregate       5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Limit       5,000,000							· ·	10,000,000	
Image: Normal and the second secon		L F	HMC4031941072	4/1/2024	4/1/2025		1		
C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)       Y/N       N/A       WMWH471423       4/1/2024       4/1/2025       X       STATUTE STATUTE E.L. CACIDENT       S         ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)       N/A       WMWH471423       4/1/2024       4/1/2025       X       STATUTE STATUTE E.L. CACIDENT       S       1,000,000         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       HMA1064390164       4/1/2024       4/1/2025       Aggregate       5,000,000         A       Malpractice       HMA1064390164       4/1/2024       4/1/2025       Aggregate       5,000,000         D       Cyber Liability       D97014735       4/1/2024       4/1/2025       Aggregate       5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Elemetrical schedule				-7.17202-4		AGGREGATE	· ·	10,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in MH) If yes, describe under DESCRIPTION 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) MINING A Matrix (Mandatory in M) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DED X RETENTION\$					V PER OTH-	\$		
OFFICERMEMBER FXCLUDEC?       N/A       *       *         (Mandatory in NH)       If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       *       1,000,000         A       Malpractice       HMA1064390164       4/1/2024       4/1/2025       Aggregate       5,000,000         D       Cyber Liability       D97014735       4/1/2024       4/1/2025       Limit       5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       *       *	AND EMPLOYERS' LIABILITY	v	NMWH471423	4/1/2024	11/2024 4/1/2025			1 000 000	
If yes, describe under DESCRIPTION OF OPERATIONS below       Image: Comparison of the state of	ANY PROPRIETOR/PARTNER/EXECUTIVE			-7.17202-4					
DESCRIPTION OF OPERATIONS below       Image: Comparison of the	If ves, describe under					E.L. DISEASE - EA EMPLOYER	\$		
D       Cyber Liability       D97014735       4/1/2024       4/1/2025       Limit       5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       5,000,000	DÉSCRIPTION OF OPERATIONS below		JMA1064300164	4/1/2024	4/1/2025		\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
			597014755	4/1/2024	4/1/2025	Linnit		5,000,000	
CERTIFICATE HOLDER CANCELLATION	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (	ACORD 1	101, Additional Remarks Schedule, ma	y be attached if mo	re space is requir	ed)			
CERTIFICATE HOLDER CANCELLATION									
			CAL						

CERTIFICATE HOLDER	CANCELLATION
For Insured's Information	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
	Janis Vaylor

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