



Policy Number:

Date Entered: 04/23/2023

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/23/2023

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).

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| <b>PRODUCER</b><br>CASTAGNO INSURANCE<br>199 California Drive Ste. #203<br>License # 0772689<br>Millbrae, CA 94030 | <b>CONTACT NAME:</b>   |  |               |
|  | <b>PHONE (A/C, No, Ext):</b> (650) 652-0230 <b>FAX (A/C, No):</b> (650) 652-0234<br><b>E-MAIL ADDRESS:</b> josephcastagnoinsurance@hotmail.com |  |               |
| <b>INSURED</b><br>EMAGINED SECURITY, INC.<br>MR DAVID SOCKOL<br>2816 SAN SIMEON WAY<br>SAN CARLOS, CA 94070        | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|  | INSURER A: FEDERAL INSURANCE COMPANY   |  | 20281         |
|  | INSURER B: FEDERAL INSURANCE COMPANY   |  | 20281         |
|  | INSURER C: FEDERAL INSURANCE COMPANY   |  | 20281         |
|  | INSURER D: HANOVER INSURANCE COMPANY   |  | 22292         |
|  | INSURER E: BEAZLEY INSURANCE COMPANY   |  | 37540         |
|  | INSURER F: ENDURANCE AMERICAN SPECIALTY  |  | 41718         |

**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 INSD                           | SUBR WVD                            | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------------|-------------------------------------|-------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3579-07-80 EUC    | 7/31/2022               | 7/31/2023               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ INCLUDED<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                     |                                     | 7497-17-99 (22)   | 7-31-2022               | 7-31-2023               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (22) 7987-11-20   | 7/31/2022               | 7/31/2023               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$   |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/>            | N/A                                 | W2Q-D876685-03    | 5/15/2022               | 5/15/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| E        | MEDIA TECH  |                                     |                                     | V15SP9231601 2023 | 4/23/2023               | 4/23/2024               | CLAIMS MADE \$2,000,000  |
| F        | PROFESSIONAL/CYBER<br>EXCESS OVER E&O/CYBER   |                                     |                                     | PRX30036278900    | 4/23/2023               | 4/23/2024               | FOLLOWING FORM \$3,000,000   |

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

THIRTY (30) DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

COVERAGE IS PRIMARY AND NON-CONTRIBUTORY WITH WAIVER OF SUBROGATION.

PER ATTACHED ENDORSEMENT FORM: 80-02-2367 (REV 05-07) WC 04 03 06 (04-84)

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED PER BLANKET ENDORSEMENT ATTACHED:

FORM 80-02-2367 (REV, 07-05) CYBER COVERAGE INCLUDES 1ST AND 3RD PARTY DATA AND NETWORK LOSSES

RE: CONTRACT #K421-C-0514

**CERTIFICATE HOLDER****CANCELLATION**

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| WASHINGTON STATE AUDITOR'S OFFICE<br>3200 SUNSET WAY SE<br>P.O. BOX 40031<br>OLYMPIA, WA. 98504-0031 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
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