

DATE (MM/DD/YYYY) 11/21/2024

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 d	conter rights to the certificate holde	r in lieu of such	i endorsem	ient(s).			
PRODUCER			CONTACT NAME:	Daniel Malone			
Lighthouse, an Alera Group Co	ompany		PHONE (A/C, No, Ext): (616) 656-1750	FAX (A/C, No):	(616) 6	556-1777
56 Cesar E Chavez Ave SW			E-MAIL ADDRESS:	daniel.malone@aleragroup.com			
Ste 300				INSURER(S) AFFORDING COVERAGE			NAIC #
Grand Rapids	MI	49503	INSURER A :	The Continental Insurance Co			35289
INSURED			INSURER B :	Continental Insurance			35289C
CU ANSWERS	INC		INSURER C :	Travelers Indemnity Company of America	a		25666
6000 28TH ST	SE STE 100		INSURER D :				
			INSURER E :				
GRAND RAPID	OS MI	49546	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	24-25 Master		REVISION NUM	BER:		

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
	CLAIMS-MADE CCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
А		Υ		5099201360	12/01/2024	12/01/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 15,000 \$ 1,000,000
	GEN'LAGGREGATE LIMIT APPLIES PER: PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ \$ 1,000,000
A	ANY AUTO OWNED SCHEDULED	Υ		5099201388	12/01/2024	12/01/2025	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			33325.555			PROPERTY DAMAGE (Per accident)	\$
В	✓ UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR			5099201312	12/01/2024	12/01/2025	EACH OCCURRENCE	\$ 10,000,000 \$ 10,000,000
	DED RETENTION \$ WORKERS COMPENSATION						AGGREGATE	\$
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		UB-9R968694-24	12/01/2024	12/01/2025	PER STATUTE OTH- E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000
А	Tech E&O with Cyber			5099201360	12/01/2024	12/01/2025	Each Occurrence	\$1,000,000

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

If Special Provisions Apply, Endorsements Will Be Attached.

Property Insurance with BI/EE is covered by policy #5099201360.

DIG MCC, LLC, Narrative Capital Funding, LLC, Dornin Realty Advisors, Inc. is listed as additional insured. Primary and non-contributory applies in their favor. 30 Day Notice of cancellation applies. Waiver of subrogation applies. The Umbrella follows the forms of the underlying coverages.

CERTIFICATE HOLDER	CANCELLATION
DIG MCC, LLC, Narrative Capital Funding, LLC Dornin Realty Advisors,	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
	Da- Mh_



DATE (MM/DD/YYYY) 11/21/2024

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th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTACT Daniel Malone						
Ligh	ithouse, an Alera Group Company				PHONE (616) 656-1750 FAX (A/C, No, Ext): (616) 656-1777						
56 0	Cesar E Chavez Ave SW				E-MAIL ADDRESS: daniel.malone@aleragroup.com						
Ste	300									NAIC #	
Gra	nd Rapids			MI 49503	INSURE	The Cont	tinental Insura				35289
INSU	RED				INSURE	Continon	tal Insurance				35289C
	CU ANSWERS INC					Travalara	Indemnity Co	mpany of America	 a		25666
	6000 28TH ST SE STE 100				INSURE	.к о .		,			
	0000 2011101 02 012 100				INSURE						
	GRAND RAPIDS			MI 49546	INSURE						
					INSURE	RF:		DE1//0101111111			
_				ITOMBEIT.	ICCLIED	TO THE INCHE		REVISION NUM		IOD	
	HIS IS TO CERTIFY THAT THE POLICIES OF II DICATED. NOTWITHSTANDING ANY REQUIF										
CI	ERTIFICATE MAY BE ISSUED OR MAY PERTA	JN, T	HE INS	SURANCE AFFORDED BY THE	POLIC	IES DESCRIBEI	D HEREIN IS S				
	(CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM SUBR		REDUC						
INSR LTR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$ 100,	000
								MED EXP (Any one	person)	\$ 15,0	00
Α				5099201360		12/01/2024		PERSONAL & ADV	INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG			0,000
	PRO- JECT LOC							PRODUCTS - COMI		\$ 2,00	0,000
	OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Pe		\$	
Α	OWNED SCHEDULED			5099201388	12/01/2024 12/01/2	12/01/2025	BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY						-	(Per accident)		\$	
	★ UMBRELLA LIAB									10.0	00,000
В	EVCESS LIAB OCCUR			5099201312		12/01/2024	/2024 12/01/2025	EACH OCCURREN	CE	10.0	00,000
	CLAIMS-MADE			0000201012		12/01/2024	12/01/2020	AGGREGATE		\$ '	
	DED RETENTION \$ WORKERS COMPENSATION							PER I	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							➤ PER STATUTE	OTH- ER	1 00	0,000
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		UB-9R968694-24		12/01/2024	12/01/2025	E.L. EACH ACCIDE	NT	φ .	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I	EMPLOYEE	\$ '	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$ 1,00	0,000
	Tech E&O with Cyber										
Α	·			5099201360		12/01/2024	12/01/2025	Each Occurrence	е	\$1,0	00,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
If sp	ecial providision apply, endorsements will be	atta	ched.								
CFF	RTIFICATE HOLDER				CANC	ELLATION					
<u>ULI</u>	CHI IOATE HOLDER				OAITO	ELLATION					
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICI	ES BE CAN	CELLED) BEFORE
								F, NOTICE WILL B	E DELIVER	ED IN	
	For informational purposes				ACC	OKDANCE WII	I I I POLIC	Y PROVISIONS.			
					ΔΙΙΤΗΟΙ	RIZED REPRESEN	NTATIVE				
						AUTHORIZED REPRESENTATIVE					

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PRODUCER			CONTACT NAME:	Daniel Malone			
Lighthouse, an Alera Group Company			PHONE (A/C, No, Ext): (616) 656-1750	FAX (A/C, No):	(616) 6	556-1777
56 Cesar E Chavez Ave SW			E-MAIL ADDRESS:	daniel.malone@aleragroup.com			
Ste 300				INSURER(S) AFFORDING COVERAGE			NAIC#
Grand Rapids	MI	49503	INSURER A :	The Continental Insurance Co			35289
INSURED			INSURER B :	Continental Insurance			35289C
CU ANSWERS INC			INSURER C :	Travelers Indemnity Company of America	a		25666
6000 28TH ST SE STE	100		INSURER D :				
			INSURER E :				
GRAND RAPIDS	MI	49546	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	24-25 Master		REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICE	IES OF INSURANCE LISTED BEI	OW HAVE BEEN	ISSUED TO	THE INSURED NAMED ABOVE FOR THE P	OLICY PERI	OD	

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		ADDL:		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<u>LTR</u> A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:	INSD	WVD	5099201360	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 100,000 PREMISES (Ea occurrence) \$ 15,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
Α	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			5099201388	12/01/2024	12/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
В	WMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			5099201312	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-9R968694-24	12/01/2024	12/01/2025	PER OTH-
Α	Tech E&O with Cyber			5099201360	12/01/2024	12/01/2025	Each Occurrence \$1,000,000

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

If Special Provisions Apply, Endorsements Will Be Attached.

Property provided by Insurer A:

Agreement #: 009-1614169-000 30 Day Notice applies

Greatamerica Finacial Svcs is listed as loss payee as their interest applies.

CERTIFICATE HOLDER		CANCELLATION
Greatamerica Finacia PO Box 660831	Svcs C/o ABIC – Lease Insurance Services – 5th	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
979280	FL 33197	AUTHORIZED REPRESENTATIVE Output Dan 4M-

GENCY	CUSTOMER ID:	0011215
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.OC #:



ADDITIONAL REMARKS SCHEDULE

AGENCY
Lighthouse, an Alera Group Company

POLICY NUMBER

CARRIER

NAIC CODE

EFFECTIVE DATE:

		EFFECTIVE DATE:
ADDITIONAL REMARKS	<u> </u>	1
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D EODM	
	ty Insurance	
	- Indurance	
Special form- including theft		

ACORD 101 (2008/01)



DATE (MM/DD/YYYY) 11/21/2024

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this certificate does not confer rig	hts to the certificate holder	r in lieu of such	endorsen	nent(s).			
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Lighthouse, an Alera Group Company			PHONE (A/C, No, Ex	(616) 656-1750	FAX (A/C, No):	(616) 6	556-1777
56 Cesar E Chavez Ave SW			E-MAIL ADDRESS:	daniel.malone@aleragroup.com			
Ste 300				INSURER(S) AFFORDING COVERAGE			NAIC #
Grand Rapids	MI	49503	INSURER A	The Continental Insurance Co			35289
INSURED			INSURER B	Continental Insurance			35289C
CU ANSWERS INC			INSURER C	Travelers Indemnity Company of America	a		25666
6000 28TH ST SE STE 10	00		INSURER D	:			
			INSURER E	:			
GRAND RAPIDS	MI	49546	INSURER F				
COVERAGES	CERTIFICATE NUMBER:	24-25 Master		REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIE	S OF INSURANCE LISTED BEI	LOW HAVE BEEN	ISSUED TO	THE INSURED NAMED ABOVE FOR THE P	OLICY PERI	OD	
INDICATED. NOTWITHSTANDING ANY F	REQUIREMENT, TERM OR CON	NDITION OF ANY	CONTRACT	OR OTHER DOCUMENT WITH RESPECT T	O WHICH TH	HIS	

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

E)	(CLU	SIONS AND CONDITIONS OF SUCH PO	LICIES	S. LIM	ITS SHOWN MAY HAVE BEEN REDUC	ED BY PAID CL	AIMS.		
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 15,000
Α					5099201360	12/01/2024	12/01/2025	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	\times	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
A		OWNED SCHEDULED AUTOS ONLY AUTOS			5099201388	12/01/2024	12/01/2025	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 10,000,000
В		EXCESS LIAB CLAIMS-MADE			5099201312	12/01/2024	12/01/2025	AGGREGATE	\$ 10,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		UB-9R968694-24	12/01/2024	12/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	CER/MEMBER EXCLUDED?			02 01.00000 1 2 1	12/01/2021	12/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Tec	h E&O with Cyber			5099201360	12/01/2024	12/01/2025	Each Occurrence	\$1,000,000
DEC.		ION OF OREDATIONS / LOCATIONS / VEHICLE		000 4	Ad Address of Bossessia Astroducts as a few a				

If Special Provisions Apply, Endorsements Will Be Attached.
Agreement #: 0031533487000
30 Day Notice applies

Greatamerica Finacial Svcs is listed as loss payee as their interest applies.

Special form- including theft

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATI	E HOLDER		CANCELLATION
	Greatamerica Finacial Svcs PO Box 660831		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	1 0 20x 000001		AUTHORIZED REPRESENTATIVE
	Dallas	TX 75266	Da- Mh_



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56 Cesar E Chavez Ave SW				E-MAIL ADDRES	daniel ma	lone@aleragro				
Ste 300				INSURER(S) AFFORDING COVERAGE					NAIC #	
Grand Rapids			MI 49503	INSURE	The Con	tinental Insura			35289	
INSURED				INSURE	RB: Continen	tal Insurance			35289C	
CU ANSWERS INC				INSURE	Travalar	Indemnity Co	mpany of America		25666	
6000 28TH ST SE STE 100				INSURE						
				INSURE						
GRAND RAPIDS			MI 49546	INSURE						
COVERAGES CER	TIFIC	ATE I	NUMBER: 24-25 Master				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF I	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUR	RED NAMED AI	BOVE FOR THE POLICY PERI	OD		
INDICATED. NOTWITHSTANDING ANY REQUI								HIS		
CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS,			
INSR LTR TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 }		
COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01		(11111)	(IIIIII)	EACH OCCURRENCE		0,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED	s 100,	000	
SE time to be a							T TELINIOZO (EG GOGGITGITO)	\$ 15,0	00	
A			5099201360		12/01/2024	12/01/2025	(, p,	<u> </u>	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	LIMIT APPLIES PER						\$ 2,000,000			
PRO- LOC									0,000	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
X ANY AUTO								\$		
A OWNED SCHEDULED AUTOS ONLY			5099201388		12/01/2024	12/01/2025	BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
The residence of the re								\$		
➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	_{\$} 10,0	00,000	
B EXCESS LIAB CLAIMS-MADE			5099201312		12/01/2024	12/01/2025	AGGREGATE	\$ 10,0	00,000	
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OTH-ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		UB-9R968694-24		12/01/2024	12/01/2025		\$ 1,00	0,000	
(Mandatory in NH)	N/A		OD-911900094-24		12/01/2024	12/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
Tech E&O with Cyber										
A Tech Exo with Cyber			5099201360		12/01/2024	12/01/2025	Each Occurrence	\$1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)	'			
If special providision apply, endorsements will b	e attac	ched.								

CERTIFICATI	E HOLDER		CANCELLATION					
	Meijer, Inc. 2929 Walker Avenue, NW		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2525 Walker / Werlac, 1999		AUTHORIZED REPRESENTATIVE					
	Grand Rapids	MI 49544	Da- Mh_					



DATE (MM/DD/YYYY) 11/21/2024

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 i	ights to the certificate holder	in lieu of such	n endorsem	nent(s).						
PRODUCER			CONTACT NAME:	Daniel Malone						
Lighthouse, an Alera Group Company			PHONE (A/C, No, Ext): (616) 656-1750 FAX (A/C, No): (616) 656-1777							
56 Cesar E Chavez Ave SW			E-MAIL daniel.malone@aleragroup.com							
Ste 300				INSURER(S) AFFORDING COVERAGE		NAIC #				
Grand Rapids	MI	49503	INSURER A :	The Continental Insurance Co		35289				
INSURED			INSURER B :	Continental Insurance		35289C	;			
CU ANSWERS INC			INSURER C :	Travelers Indemnity Company of Americ	а	25666				
6000 28TH ST SE STE	E 100		INSURER D :							
			INSURER E :							
GRAND RAPIDS	MI	49546	INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	24-25 Master		REVISION NUM	IBER:					

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	Y	WVD	5099201360	12/01/2024	12/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 15,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
A	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			5099201388	12/01/2024	12/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$ \$
В	WMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			5099201312	12/01/2024	12/01/2025		\$ 10,000,000 \$ 10,000,000 \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-9R968694-24	12/01/2024	12/01/2025	PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
А	Tech E&O with Cyber			5099201360	12/01/2024	12/01/2025	Each Occurrence	\$1,000,000

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

If Special Provisions Apply, Endorsements Will Be Attached.

Carrier (E) Fiduciary - 105540495 - Limit \$2M

PREH VIA AUSTI 3, LLC, PREH VIA AUSTI 3 1031, LLC, EW VIA AUSTI, LLC, MRK AIRPORT II, LLC, MRK VIA AUSTI PARKWAY, LLC, SKR REAL ESTATE SERVICES, LLC, AND WELLS FARGO BANK, N.A., ITS SUCCESSORS AND/OR ASSIGNS is additional insured, per written contract.

30 Days notice of cancellation applies.

CERTIFICATI	HOLDER			CANCELLATION
	MRK AIRPORT II, LLC c/o SKR Real Estate Ser	vices, LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Ste 100			AUTHORIZED REPRESENTATIVE
ı	Las Vegas	NV 891	148	Da- Mh_



DATE (MM/DD/YYYY) 11/21/2024

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tine continuate account to come rights t	ch endorsement(s).									
PRODUCER		CONTACT Daniel Malone NAME:								
Lighthouse, an Alera Group Company				PHONE (A/C, No, Ext): (616) 656-1750 FAX (A/C, No): (616) 656-1777						
56 Cesar E Chavez Ave SW				E-MAIL ADDRES	donial ma	lone@aleragro	oup.com	·		
Ste 300				INSURER(S) AFFORDING COVERAGE NAIC #						
Grand Rapids			MI 49503	INSURE	The Con	tinental Insura			35289	
INSURED				INSURE	Continor	ntal Insurance			35289C	
CU ANSWERS INC					Travalar	s Indemnity Co	mpany of America		25666	
6000 28TH ST SE STE 100				INSURE	KC.		,,			
0000 20111 01 02 012 100				INSURE						
GRAND RAPIDS			MI 49546	INSURE						
			24.25.14	INSURE	RF:		DE://0/01/11/11/DED			
			ITOMOLIT.	IOOLIED	TO THE INCH		REVISION NUMBER:	DEDIOD		
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				REDUC						
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100	,000	
							MED EXP (Any one person)	\$ 15,0	000	
Α -	-		5099201360		12/01/2024	12/01/2025	PERSONAL & ADV INJURY	\$ 1,00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	_	00,000	
PRO-						PRODUCTS - COMP/OP AG	2,00	00,000		
1 1 2101							PRODUCTS - COMPTOP AG	\$	-	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000	
X ANY AUTO							(Ea accident) BODILY INJURY (Per person	<u> </u>		
A OWNED SCHEDULED			5099201388	12/01/202	12/01/2024	12/01/2025	BODILY INJURY (Per accider	<u> </u>		
AUTOS ONLY AUTOS NON-OWNED			0030201000		12/01/2024	12/01/2025	PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)			
								\$	200,000	
VMBRELLA LIAB OCCUR			5000004040		40/04/0004	40/04/0005	EACH OCCURRENCE	- P	000,000	
B EXCESS LIAB CLAIMS-MADE			5099201312		12/01/2024	12/01/2025	AGGREGATE	\$ 10,0	000,000	
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER OTH ER			
C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?] N/A		UB-9R968694-24		12/01/2024	12/01/2025	E.L. EACH ACCIDENT	\$ 1,00	00,000	
(Mandatory in NH)	1					12/01/2020	E.L. DISEASE - EA EMPLOY	EE \$ 1,00	00,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	_{IT} \$ 1,00	00,000	
Tech E&O with Cyber										
A Teen Edd with dyber			5099201360		12/01/2024	12/01/2025	Each Occurrence	\$1,0	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more s	pace is required)				
If special providision apply, endorsements will	oe atta	ched.								
				01						

CERTIFICATE HOLDER

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

Groton

CT 06340

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.



DATE (MM/DD/YYYY) 11/21/2024

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tl	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTACT NAME: Daniel Malone						
Ligl	nthouse, an Alera Group Company				PHONE (A/C, No, Ext): (616) 656-1750 FAX (A/C, No): (616) 656-1777						
56	Cesar E Chavez Ave SW				E-MAIL ADDRESS: daniel.malone@aleragroup.com						
Ste	300				INSURER(S) AFFORDING COVERAGE						NAIC #
Gra	nd Rapids			MI 49503	INSURER A: The Continental Insurance Co						35289
INSU	RED				INSURE	RB: Continen	ital Insurance				35289C
	CU ANSWERS INC				INSURE	Travalor	s Indemnity Co	mpany of America	a		25666
	6000 28TH ST SE STE 100				INSURER D :						
					INSURER E :						
	GRAND RAPIDS			MI 49546	INSURE						
co	VERAGES CER	TIFIC	ATE	NUMBER: 24-25 Master				REVISION NUM	IBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIES OF	INSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE PO	OLICY PERIC	DD	
	IDICATED. NOTWITHSTANDING ANY REQU		,							IS	
	ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL II	HE LEKINS,		
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIW/DD/TTTT)	(IVIIVI/DU/TTTT)	EACH OCCURRENC		. 1,00	0,000
								DAMAGE TO RENTE	ED \	100	-
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		15.0	
A				5099201360		12/01/2024	12/01/2025	MED EXP (Any one p	porson, q	1 00	0,000
``				000020.000		, 0 . , _ 0	12/01/2020	PERSONAL & ADV I	2 000 00		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	2 000			
	POLICY JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000		3,000		
	OTHER: AUTOMOBILE LIABILITY	1	+					COMBINED SINGLE (Ea accident)	1 '	1,00	2.000
								(Ea accident) BODILY INJURY (Pe			5,000
A	ANY AUTO OWNED SCHEDULED		5099201388			12/01/2024	12/01/2025	BODILY INJURY (Pe			
 ^`	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG			
	AUTOS ONLY AUTOS ONLY							(Per accident)	9		
	★ UMBRELLA LIAB OCCUP		-							10.0	00,000
В	EVCESSIAR			5099201312		12/01/2024	12/01/2025	EACH OCCURRENCE		10.0	00,000
"	CLAIMS-IMADE	-		3093201312	12/01/2024		12/01/2020	AGGREGATE		•	50,000
	DED RETENTION \$ WORKERS COMPENSATION		-					V PER I	OTH-	5	
	AND EMPLOYERS' LIABILITY Y / N							➤ PER STATUTE	OTH- ER	1 00	0,000
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		UB-9R968694-24		12/01/2024	12/01/2025	L.E. EACHAGOIDEIVI		1 00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E		4.00	0,000
_	DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - POL	ICY LIMIT \$	1,00	5,000
A	Tech E&O with Cyber			5099201360		12/01/2024	12/01/2025	Each Occurrence		¢1 ∩	00,000
 ^`				0000201000		12/01/2024	12/01/2020	Lacir Goodirence	Ĭ	Ψ1,0	30,000
DES	LOCATION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPD 1	01 Additional Pamarks Schedula	may be at	ttached if more cr	nace is required)				
l	pecial providision apply, endorsements will be			or, Additional Remarks constant,	may be a	ituonea ii more of	succ is required;				
" "	vector providence apply, endercomente will be	o ano	ioriou.								
<u>_</u>					0						
CE	RTIFICATE HOLDER				CANC	ELLATION					
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIE	ES BE CANC	ELLED	BEFORE
					THE	EXPIRATION D	ATE THEREO	F, NOTICE WILL BI			<u>-</u>
	Unison Credit Union				ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.			
					AUTUC	DIZED DEDDESE	ATATIVE				
l						RIZED REPRESEN	TIALIVE				