



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/11/2025

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).

|  |   |                                       |
|--|---|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Services Northeast, Inc.<br>New York NY Office<br>One Liberty Plaza<br>165 Broadway, Suite 3201<br>New York NY 10006 USA | <b>CONTACT NAME:</b>                                |                                       |
|  | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122         | <b>FAX (A/C. No.):</b> (800) 363-0105 |
| <b>INSURED</b><br>Instructure, Inc.<br>6330 South 3000 East<br>Suite 700<br>Salt Lake City UT 84121 USA  | <b>E-MAIL ADDRESS:</b>                              |                                       |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                |                                       |
|  | <b>NAIC #</b>                                       |                                       |
|  | <b>INSURER A:</b> The Continental Insurance Company |                                       |
|  | <b>INSURER B:</b> Lloyd's Syndicate No. 2623        |                                       |
|  | <b>INSURER C:</b>                                   |                                       |
|  | <b>INSURER D:</b>                                   |                                       |
| <b>INSURER E:</b>  |   |                                       |
| <b>INSURER F:</b>  |   |                                       |

Holder Identifier :

**COVERAGES****CERTIFICATE NUMBER:** 570111325518**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.

Limits shown are as requested

| 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><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 checked="" type="checkbox"/> LOC<br>OTHER: |  |          | WP716794867<br>Foreign General Liability | 03/01/2025              | 03/01/2026              | EACH OCCURRENCE   | \$1,000,000  |
|          |  |  |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$1,000,000  |
|          |  |  |          |  |                         |                         | MED EXP (Any one person)  | \$100,000    |
|          |  |  |          |  |                         |                         | PERSONAL & ADV INJURY   | \$1,000,000  |
|          | GENERAL AGGREGATE  | \$2,000,000                                    |          |  |                         |                         |   |              |
|          | PRODUCTS - COMP/OP AGG   | \$2,000,000                                    |          |  |                         |                         |   |              |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><br><input checked="" type="checkbox"/> ANY AUTO<br><br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                 |  |          | WP716794867<br>Foreign Auto              | 03/01/2025              | 03/01/2026              | COMBINED SINGLE LIMIT (Ea accident)   | \$1,000,000  |
|          |  |  |          |  |                         |                         | BODILY INJURY (Per person)  |              |
|          |  |  |          |  |                         |                         | BODILY INJURY (Per accident)  |              |
|          |  |  |          |  |                         |                         | PROPERTY DAMAGE (Per accident)  |              |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b><br><br>DED <input checked="" type="checkbox"/> RETENTION \$10,000  |  |          | 7018550262                               | 03/01/2025              | 03/01/2026              | EACH OCCURRENCE   | \$20,000,000 |
|          |  |  |          |  |                         |                         | AGGREGATE   | \$20,000,000 |
|          |  |  |          |  |                         |                         |   |              |
|          |  |  |          |  |                         |                         |   |              |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N<br><input checked="" type="checkbox"/> N | N / A    | WP716794867<br>Foreign EL                | 03/01/2025              | 03/01/2026              | <input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER |              |
|          |  |  |          |  |                         |                         | E.L. EACH ACCIDENT  | \$1,000,000  |
|          |  |  |          |  |                         |                         | E.L. DISEASE-EA EMPLOYEE  | \$1,000,000  |
|          |  |  |          |  |                         |                         | E.L. DISEASE-POLICY LIMIT   | \$1,000,000  |
| B        | Cyber Liability  |  |          | FSCE02504462                             | 03/01/2025              | 03/01/2026              | Limit   | \$5,000,000  |
|          |  |  |          |  |                         |                         | SIR   | \$1,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance - All coverage amounts are in \$USD unless otherwise indicated.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Instructure Australia<br>c/o Baker McKenzie Level<br>19 181 William Street<br>Melbourne VIC 3000 AUS | 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<br><br><i>Aon Risk Services Northeast, Inc.</i>  |

Certificate No : 570111325518



# **ADDITIONAL REMARKS SCHEDULE**

|   |           |                                    |  |
|---|-----------|------------------------------------|--|
| AGENCY<br>Aon Risk Services Northeast, Inc.           |           | NAMED INSURED<br>Instructure, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570111325518 |           | EFFECTIVE DATE:                    |  |
| CARRIER<br>See Certificate Number: 570111325518       | NAIC CODE |                                    |  |

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### **Companies Affording coverage**

| LINE OF BUSINESS DESCRIPTION | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COMPANY                           | NAIC      | PRIMARY (Y/N) FLAG | PERCENTAGE OF RISK |
|------------------------------|---------------|------------------------------------|-------------------------------------|-----------------------------------|-----------|--------------------|--------------------|
| Umbrella Liability           | 7018550262    | 3/1/2025                           | 3/1/2026                            | The Continental Insurance Company | 35289     | Y                  | 100                |
| Cyber Liability              | FSCE02504462  | 3/1/2025                           | 3/1/2026                            | Lloyd's Syndicate No. 2623        | AA1128623 | Y                  | 72                 |
| Cyber Liability              | FSCE02504462  | 3/1/2025                           | 3/1/2026                            | Lloyd's Syndicate No. 623         | AA1126623 | N                  | 28                 |
| Business Auto Coverage       | WP716794867   | 3/1/2025                           | 3/1/2026                            | The Continental Insurance Company | 35289     | Y                  | 100                |
| Foreign General Liability    | WP716794867   | 3/1/2025                           | 3/1/2026                            | The Continental Insurance Company | 35289     | Y                  | 100                |
| Workers Compensation         | WP716794867   | 3/1/2025                           | 3/1/2026                            | The Continental Insurance Company | 35289     | Y                  | 100                |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |
|                              |               |                                    |                                     |                                   |           |                    |                    |

The Subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.