



Proof of AI Insurance

Company	Replicate Software, LLC
Policy #	HDG.CEM.25.A2MN-RNGY
Policy Name	Cyber and Errors & Omissions Policy for Technology
Sublimit	\$1,000,000 Artificial Intelligence Liability Sublimit
Effective Dates	Aug 03, 2025 - Aug 03, 2026
Attachments	Certificate of Insurance
Description	<p>Artificial Intelligence Liability offers affirmative coverage for the following AI risks:</p> <ul style="list-style-type: none">• Losses caused by company's AI products or algorithms.• Financial damages associated with professional services delivered or assisted by company's AI.• Claims alleging algorithmic bias or discrimination from company's AI product or services.• Defense costs for investigations concerning AI-specific regulatory violations related to company's product.• Coverage for claims alleging that company's AI product or services violated IP laws.

These descriptions are general in nature. For additional information about the types of risks covered by the Artificial Intelligence Liability coverage, please visit <https://www.vouch.us/verticals/ai>.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2025

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).

PRODUCER		CONTACT NAME: John Wallace	
Vouch Insurance Services, LLC Vouch Specialty Insurance Services, LLC 3739 Balboa St, #1073 San Francisco, CA 94121		PHONE (A/C, No. Ext): (415) 488-6728	FAX (A/C, No): (415) 366-2758
		E-MAIL ADDRESS: COIs@vouch.us	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : United Specialty Insurance Company	NAIC # 12537
INSURED		INSURER B :	
Replicate Software, LLC 131 Continental Drive Suite 305 Newark, US-DE 19713		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 2

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		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE	<input type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						OTHER:	\$	
	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$	
	DED	<input type="checkbox"/>	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>	N / A				PER STATUTE	OTHR-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
								E.L. DISEASE - POLICY LIMIT	\$
See Additional Remarks Schedule									

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

See Additional Remarks Schedule

CERTIFICATE HOLDER

CANCELLATION

Informational Purposes Only	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 <i>John Wallace</i>

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Vouch Insurance Services, LLC	NAMED INSURED Replicate Software, LLC 131 Continental Drive Suite 305 Newark, US-DE 19713	
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Insurer A: HDG.CEM.25.A2MN-RNGY, Effective 08/03/2025 - 08/03/2026

Policy Aggregate Liability Limit: \$1,000,000

Cyber Aggregate Liability Limit: \$1,000,000

Errors & Omissions Aggregate Liability Limit: \$1,000,000

Artificial Intelligence Liability Limit: \$1,000,000