

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2024

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 rights to the certificate holder in fied of such endorsement(s).								
PRODUCER			CONTACT NAME: Eric Nixon					
	NIXON-LAURIANTI INSUF 830 E. AURORA RD.		PHONE (A/C, No, Ext):	330-468-0918	FAX (A/C, No):	330-4	68-0971	
	MACEDONIA, OHIO 4405		E-MAIL ADDRESS:	eric@nixonlaurianti.com				
				INSURER(S) AFFORDING COVERAGE			NAIC#	
			INSURER A:	Cincinnati Indemnity Co.			23280	
INSURED	RAGING WOLF SOLUTIO	NS LLC	INSURER B :	Underwriters at Lloyd's, London			AA1122000	
	PO BOX 729		INSURER C:					
	TWINSBURG, OH 44087		INSURER D :					
			INSURER E :					
			INSURER F:					
COVER	AGES	CERTIFICATE NUMBER:		REVISION NUI	MBFR.			

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	IIIOD	****	ENP 0128335	02/27/2024	02/27/2027	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYP	ROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Con	tingent Cargo Liability			IRI-MCC-22-024	06/07/2024	06/07/2025	Any One Loss	\$150,000
		,						Deductible	\$1,000
DESC	DESCRIPTION OF ODER ATIONS / LOCATIONS / VEHICLES / ACORD 101 Additional Pararks Schodule may be attached if more space is required.								

RMIS ID 343052, MC # MC770930, DOT # 2264415

CONTINGENT CARGO LIABILITY IS ALL RISK AND DOES NOT INCLUDE REEFER BREAKDOWN.

CERTIFICATE HOLDER	CANCELLATION
Registry Monitoring Insurance Services, Inc. 1444 S Entertainment Ave, Ste 110 Boise, ID 83709	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