



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/14/2025

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	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME:	Simply Business	
		PHONE (A/C, No, Ext):	(844) 654-7272	FAX (A/C, No):
		E-MAIL ADDRESS:	contactus@simplybusiness.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Hiscox Insurance Company Inc	10200
INSURED	AirAdvisor International Incorporated 16192 Coastal Hwy Lewes, Delaware 19958	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		
		INSURER G:		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE    Y/N <input type="checkbox"/> OFFICER/MEMBER EXCLUDED?    N/A <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER	
A	<b>PROFESSIONAL LIABILITY</b>	X		HIUS3688	09/13/2025	09/13/2026	EACH CLAIM	\$1,000,000.00
							AGGREGATE	\$1,000,000.00

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

### CERTIFICATE HOLDER

### 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.
	AUTHORIZED REPRESENTATIVE  <i>Camila Oliveira</i>

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**Technology Insurance Company, Inc.**  
800 Superior Avenue East, Cleveland, Ohio 44114

**CERTIFICATE OF INSURANCE**

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This Certificate of Insurance names the **certificate holder** who qualifies as an **insured entity** under the AmTrust Cyber policy below. It also lists the coverage effective date, coverage expiration date and the **Certificate Holder** Limit of Liability that applies to the **certificate holder** named in Item 1 of this Certificate. This Certificate does not amend, extend, or alter the coverage provided by the policy below in any way.

**Insureds' Representative:** North American Data Security RPG

**Item 1. CERTIFICATE HOLDER (MEMBER):**

**Name:** AirAdvisor International Incorporated

**Address:** 16192 Coastal Hwy, Lewes, Delaware 19958

**Item 2. POLICY NUMBER:** Refer to Master Policy

**Item 3. CERTIFICATE ISSUE DATE:** 08/14/2025

**Item 4. COVERAGE PERIOD:**

**From:** 09/13/2025    **to** 09/13/2026    (At 12:01 A.M. standard time at the address stated in Item 1 above.)

**Item 5. MEMBER NUMBER:** USGUS368

**Item 6. TYPE OF INSURANCE:** Cyber & Privacy Regulation Liability

**Item 7. MEMBER AGGREGATE LIMIT OF INSURANCE:** \$250,000. (including **claim expenses**)

**Item 8. ANNUAL MEMBER PREMIUM:** Refer to Administrator (includes insurance premium as well as separate fees for other services provided not applicable to such insurance)

**Item 9. CONTINUITY DATE:** Original inception date indicated in Item 4.