CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2026

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 #
INSURED	AirAdvisor International Incorporated 16192 Coastal Hwy Lewes, Delaware 19958	INSURER A :	Hiscox Insurance Company Inc	10200
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **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 / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	
	DED / RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?		N / A				E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	PROFESSIONAL LIABILITY	X		HIUS368XXXX	09/13/2026	09/13/2027	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

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Scottsdale Indemnity Company
One Nationwide Plaza
Columbus, Ohio 43215

CERTIFICATE OF INSURANCE

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This Certificate of Insurance names the certificate holder who qualifies as an **insured entity** under the Scottsdale Indemnity 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 (Named Insured): 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. **COVERAGE PERIOD:**
From: 09/13/2026 **To:** 09/13/2027
(At 12:01 A.M. standard time at the address stated in Item 1 above.)

Item 4. **MEMBER NUMBER:** USGUS368XXXXX

Item 5. **TYPE OF INSURANCE:** Cyber & Privacy Regulation Liability

Item 6. **MEMBER AGGREGATE LIMIT OF INSURANCE:** $250,000.

Item 7. **ANNUAL MEMBER PREMIUM:** Refer to Administrator
(includes insurance premium as well as separate fees for other services provided not applicable to such insurance)

Item 8. **CONTINUITY DATE:**
Original inception date indicated in Item 3.