

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2022

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 nolicy(les) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to th	ne ter	ms and conditions of th	e polic	y, certain po	olicies may r		•	. A sta	atement on		
PRODUCER	0 11.10	00111	mode noted in nod of oc				on Certifica	te Cente				
Willis Towers Watson Midwest, Inc.					CONTACT Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378							
c/o 26 Century Blvd					(A/C, No, Ext): 1-07/-943-7370 (A/C, No): 1-000-467-2370 E-MAIL ADDRESS: certificates@willis.com							
P.O. Box 305191												
Nashville, TN 372305191 USA					INSURER(S) AFFORDING COVERAGE INSURER A: AIG Specialty Insurance Company							
					RA: AIG Spe		26883					
INSURED Entrust Corporation					INSURER B:							
1187 Park Place					INSURER C:							
Shakopee, MN 55379					INSURER D:							
			INSURER E:									
					INSURER F:							
COVERAGES CER	TIFIC	CATE	NUMBER: W26835435				REVISION N	UMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN AIN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT W D HEREIN IS S	ITH RESPE	CT TO \	WHICH THIS		
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRE	NCE	\$			
CLAIMS-MADE OCCUR							DAMAGE TO RE PREMISES (Ea c		\$			
							MED EXP (Any o	ne person)	\$			
							PERSONAL & AD	V INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	REGATE	\$			
POLICY PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$			
OTHER:									\$			
AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	SLE LIMIT	\$			
ANY AUTO							BODILY INJURY		\$			
OWNED SCHEDULED AUTOS							BODILY INJURY	(Per accident)	\$			
HIRED NON-OWNED							PROPERTY DAM (Per accident)	IAGE	\$			
AUTOS ONLY AUTOS ONLY							(Fer accident)		\$			
UMBRELLA LIAB OCCUR							EACH OCCUPE	NCE.	\$			
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE \$ AGGREGATE \$					
DED RETENTION\$									\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE T N							E.L. EACH ACCII	DENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - F		\$			
A Security & Privacy Liability			01-878-00-27		12/01/2022	10/01/2023			\$5,000	0,000		
					Retention		\$500,0	000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)		<u> </u>			
SEE ATTACHED												
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								
				Stall .								

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Evidence of Coverage

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<u> </u>						
AGENCY		NAMED INSURED				
Willis Towers Watson Midwest, Inc.		Entrust Corporation				
WITTE TOWELD NACED MICHOECY THE		1187 Park Place				
POLICY NUMBER		Shakopee, MN 55379				
See Page 1						
CARRIER	NAIC CODE					
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1				
		100 100				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: AIG Specialty Insurance Company NAIC#: 26883

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Errors & Omissions Limit: \$5,000,000 Retention: \$500,000

ADDITIONAL REMARKS:

Insurer: AIG Specialty Insurance Company's policy covers the United States and is also an International DIC Policy and is Excess of any primary local program in any other country.

ACORD 101 (2008/01)