

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/27/2023

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights | | | | • | • | • | require an endorsement. | A st | atement on | |
|---------------|--|-----------------------------|--------------------------------|---|--|---|---|--|-----------|------------|--|
| | DUCER | | | | CONTACT Willis Towers Watson Certificate Center NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 | | | | | | |
| | lis Towers Watson Northeast, Inc. | | | | | | | | | | |
| | 26 Century Blvd Box 305191 | | | | | SS: Certific | | | | | |
| | hville, TN 372305191 USA | | | | ADDIL | | | | | NAIC# | |
| | | | | | INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company | | | | | 16535 | |
| INSL | RED | | | | INSURER B: Sentry Insurance Company | | | | | 24988 | |
| Wil | lis North America, Inc. | | | | INSURER C: Sentry Casualty Company | | | | | 28460 | |
| | its subsidiaries Liberty Street | | | | | 20400 | | | | | |
| | York, NY 10281 | | | | INSURER D: | | | | | | |
| | | | | | INSURER E : | | | | | | |
| | VERAGES CEF | TIEI | ~ A TE | NUMBER: W29424071 | INSURER F : | | | | | | |
| TI IN C | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | OF EQUIF PERT POLI | INSUF REME AIN, CIES. | RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIE REDUCED BY | THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH RESPEC | OT TO | WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | | |
| | COMMERCIAL GENERAL LIABILITY | | | | 07/01 | | | EACH OCCURRENCE | \$ | 5,000,000 | |
| A | CLAIMS-MADE X OCCUR | | | | | | 07/01/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | X Contractual Liability | | | | | | | MED EXP (Any one person) | \$ | 10,000 | |
| | | | | GLO 0144363-07 | | 07/01/2023 | | PERSONAL & ADV INJURY | \$ | 5,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 5,000,000 | |
| | × POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 5,000,000 | |
| | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | 07/01/2023 | 07/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | X ANY AUTO | | | | 0 | | | BODILY INJURY (Per person) | \$ | | |
| В | OWNED SCHEDULED AUTOS | | | 9020597004 | | | | 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\$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE OTH- | | | |
| С | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | 07/01/2023 | | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | 9020597001 | | 07/01/2023 | 07/01/2024 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| С | Workers Compensation & | | | 9020597002 | | 07/01/2023 | 07/01/2024 | EL Each Accident | \$1,00 | 0,000 | |
| | Employers Liability | | | | | | | EL Disease - Each Emp | \$1,00 | 0,000 | |
| | Per Statute | | | | | | | EL Disease-Policy Lmt | \$1,00 | 0,000 | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedul | e, may b | e attached if more | e space is require | | | | |
| | | | | | | | | | | | |
| SEE | ATTACHED | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| | | | | | SHC | OULD ANY OF | N DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS. | | | |
| | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |
| | | | | | | nn | . 0 | | | | |

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Evidence of Insurance

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| 1.00 #. | |



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY Willis Towers Watson Northeast, Inc. | | NAMED INSURED Willis North America, Inc. and its subsidiaries 200 Liberty Street | | | | |
|---|------------|--|--|--|--|--|
| POLICY NUMBER | | | | | | |
| See Page 1 | | New York, NY 10281 | | | | |
| CARRIER | NAIC CODE | | | | | |
| See Page 1 | See Page 1 | EFFECTIVE DATE: See Page 1 | | | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Sentry Insurance Company NAIC#: 24988

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Workers Compensation & EL Each Accident \$1,000,000 Employers Liability EL Disease - Each Emp \$1,000,000 Per Statute EL Disease-Policy Lmt \$1,000,000

ACORD 101 (2008/01)

SR ID: 24333599

BATCH: 3030114

CERT: W29424071

Willis North America Inc. – Certificate addendum as of 7/1/2023

ADDITIONAL NAMED INSUREDS

2017 Tranzfer Insurance Solutions LLC

Acclaris, Inc.

Acclaris Holding Inc

Anthelo Insurance Solutions LLC

DirectHealth.com, LLC

Encore Insurance PCC, Limited

Extend Health, LLC

Extend Insurance Services LLC

Liazon Benefits, Inc.

Liazon Corporation

MG LLC

Omni Direct Inc

Premium Funding Associates, Inc.

Q3M Insurance Solutions, LLC

Quantum 3 Media LLC

RSDIG Risk Purchasing Group, Inc.

Safe Rock Insurance Company

Special Contingency Risks Inc.

Towers Perrin Capital Corp.

Towers Watson Delaware Holdings LLC

Towers Watson Investment Services, Inc.

Towers Watson Latin American Holdings LLC

Towers Watson Middle East Holdings, Inc.

Towers Watson Retiree Insurance Services, Inc.

TPF&C International, Inc.

Tranzact Holdings, LLC

Tranzact Holdings Delaware, Inc.

Tranzmobile, LLC

Tranzsubco I Corp.

Tranzsubco II Corp.

Tranzutary DirectHealth Holdings, LLC

Tranzutary Holdings LLC

Tranzutary Insurance Solutions LLC

Tru Broker, LLC

TruBridge, Inc.

TZ Alpha Insurance Solutions LLC

TZ Cancins, LLC

TZ Guatemala Holdings LLC

TZ Holdings, Inc.

TZ Midco, Inc.

TZ Purchaser II, Inc.

TZ Purchaser, Inc.

TZ Insurance Solutions LLC

Verita CSG, Inc formerly Willis of New Hampshire

Willis North America Inc. – Certificate addendum as of 7/1/2023

ADDITIONAL NAMED INSUREDS

VTH Solutions LLC

Watson Wyatt European Investment Holdings, Inc.

Watson Wyatt International, Inc.

Westport Financial Services, LLC

Westport HRH, LLC

Willis Administrative Services Corporation

Willis Americas Administration, Inc.

Willis HRH, Inc.

Willis NA Inc.

Willis North American Holding Company

Willis of Michigan Inc.

Willis of New Jersey, Inc.

Willis Personal Lines, LLC

Willis Processing Services, Inc.

Willis Programs of Connecticut, Inc.

Willis Services LLC

Willis Towers Watson Analytical Insurance Services Inc.

Willis Towers Watson CAC, Inc.

Willis Towers Watson Insurance Services West, Inc.

Willis Towers Watson Management (Vermont), Ltd.

Willis Towers Watson Risk Purchasing Group, Inc.

Willis Towers Watson Securities, LLC

Willis Towers Watson US LLC

Willis Towers Watson Midwest, Inc.

Willis Towers Watson Northeast, Inc

Willis Towers Watson Puerto Rico Insurance Brokerage Inc.

Willis Towers Watson Southeast, Inc

Willis US Holding Company, LLC

WTW Delaware Holdings LLC