CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/30/2025

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
Verifly Insurance Services, LLC DBA Thimble Insurance Services
174 West 4th Street, Suite 204
New York, NY 10014
https://support.thimble.com/

CONTACT NAME: THIMBLE https://support.thimble.com/
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: support@thimble.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Specialty Insurance Company	22608
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F : https://www.thimble.com/check-policy-status/	

INSURED
N7L Solutions LLC, Trade Name: Former Accountant
1664 East Florence Boulevard, STE 4 NO 154, Casa Grande, AZ, 85122
newcombnt@gmail.com

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	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	N	N	IBL-F3Y48UL9CJ	09/30/2025 11:11 AM MST	09/30/2026 11:11 AM MST	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 1,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Cyber Insurance - Claims-Made	N	N	IBL-F3Y48UL9CJ	09/30/2025 11:11 AM MST	09/30/2026 11:11 AM MST	EACH CLAIM	$ 100,000
							AGGREGATE	$ 100,000
								$
								$

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

(con't on form Acord 101)

CERTIFICATE HOLDER
Nathaniel Newcomb
N7L Solutions LLC, Trade Name: Former Accountant

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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AGENCY CUSTOMER ID: newcombnt@gmail.com

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY Verifly Insurance Services, LLC DBA Thimble Insurance Services	**NAMED INSURED** N7L Solutions LLC, Trade Name: Former Accountant 1664 East Florence Boulevard, STE 4 NO 154, Casa Grande, AZ, 85122 newcombnt@gmail.com
POLICY NUMBER IBL-F3Y48UL9CJ	
CARRIER National Specialty Insurance Company — **NAIC CODE** 22608	**EFFECTIVE DATE:** 09/30/2025 11:11 AM MST

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: Acord 25 **FORM TITLE:** Certificate of Liability Insurance

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-F3Y48UL9CJ until 09/30/2027 11:11 AM MST

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/30/2025

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.

PRODUCER
Verifly Insurance Services, LLC DBA Thimble Insurance Services
174 West 4th Street, Suite 204
New York, NY 10014
https://support.thimble.com/

CONTACT NAME: THIMBLE https://support.thimble.com/
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: support@thimble.com
PRODUCER CUSTOMER ID:

INSURED
N7L Solutions LLC, Trade Name: Former Accountant
1664 East Florence Boulevard, STE 4 NO 154, Casa Grande, AZ, 85122
newcombnt@gmail.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	National Specialty Insurance Company	22608
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :	https://www.thimble.com/check-policy-status/	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1664 East Florence Boulevard, STE 4 NO 154, Casa Grande, AZ, 85122

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	[ ] **PROPERTY** CAUSES OF LOSS / DEDUCTIBLES [ ] BASIC — BUILDING [ ] BROAD — CONTENTS [ ] SPECIAL [ ] EARTHQUAKE [ ] WIND [ ] FLOOD				[ ] BUILDING [ ] PERSONAL PROPERTY [ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP	$ $ $ $ $ $ $ $
A	[X] **INLAND MARINE** CAUSES OF LOSS [ ] NAMED PERILS [X] SPECIAL PERILS	TYPE OF POLICY Miscellaneous Articles Coverage POLICY NUMBER IBL-F3Y48UL9CJ	09/30/2025 11:11 AM MST	09/30/2026 11:11 AM MST	[X] Blanket Coverage up to $2,500 per item.	$ 2,500
	[ ] **CRIME** TYPE OF POLICY					$
	[ ] **BOILER & MACHINERY / EQUIPMENT BREAKDOWN**					$
						$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(con't on form Acord 101)

CERTIFICATE HOLDER
Nathaniel Newcomb
N7L Solutions LLC, Trade Name: Former Accountant

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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AGENCY CUSTOMER ID: newcombnt@gmail.com

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY Verifly Insurance Services, LLC DBA Thimble Insurance Services	**NAMED INSURED** N7L Solutions LLC, Trade Name: Former Accountant 1664 East Florence Boulevard, STE 4 NO 154, Casa Grande, AZ, 85122 newcombnt@gmail.com
POLICY NUMBER IBL-F3Y48UL9CJ	
CARRIER National Specialty Insurance Company — **NAIC CODE** 22608	**EFFECTIVE DATE:** 09/30/2025 11:11 AM MST

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: Acord 24 **FORM TITLE:** Certificate of Property Insurance

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