

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2023

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. 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 liquid found and properties.

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							CONTACT Alicia Rhodes					
Hako Risk & Insurance							PHONE (944) 950 4400 FAX					
10645 N Tatum Blvd							E-MAIL arhadaa@hakariak.aam					
Suite 200-102							ADDRESS: AFFORDING COVERAGE NAIC #					
Phoenix AZ 85028							INSURER A: Selective Ins Co of America					
INSURED												
INTERCONNECT INC							INSURER B:					
7810 E PIERCE ST						INSURER C:						
7010 2 1 121(02 01						INSURER D :						
SCOTTSDALE					AZ 85257-4606	INSURER E:						
				ATE		INSURER F :						
COVERAGES CERTIFICATE NUMBER: 23-24 GL/Auto/XS/E&O 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.												
							POLICY EFF   POLICY EXP					
INSR LTR		TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	4.00	0,000	
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00	0,000	
Α		CLAIMS-MADE OCCUR					00/00/0000	00/00/0004	PREMISES (Ea occurrence)	\$ 10.0	00	
	⊢⊢.				C 2502220				MED EXP (Any one person)	\$ 10,000		
					S 2503238		08/29/2023	08/29/2024	PERSONAL & ADV INJURY	\$ 3,000,000 \$ 3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE			
		POLICY FICT LOC							PRODUCTS - COMP/OP AGG	φ	0,000	
		OTHER:							COMBINED SINGLE LIMIT	\$ 1.00	0.000	
Α	AUTOMOBILE LIABILITY  ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
		OWNED  OWNED  AUTOS ONLY HIRED  AUTOS NON-OWNED			S 2503238		08/29/2023	08/29/2024	BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	$\square$	AUTOS ONLY							(Per accident)	\$		
	<b>-</b>								Auto Elite Pac	\$	0.000	
_	<del></del>	UMBRELLA LIAB OCCUR			0.0500000		00/00/0000	00/00/0004	EACH OCCURRENCE	φ	0,000	
Α		EXCESS LIAB CLAIMS-MADE			S 2503238		08/29/2023	08/29/2024	AGGREGATE	\$ 5,00	0,000	
	_	DED RETENTION \$  KERS COMPENSATION							PER   OTH-	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								PER OTH- STATUTE ER			
			N/A						E.L. EACH ACCIDENT	\$		
									E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCI	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT  Each Claim	1 00	0.000	
Α	Tech	nnology E&O			S 2503238		08/29/2023	08/29/2024	Aggregate		0,000 0.000	
^					3 2303230		00/29/2023	00/23/2024	Aggregate	1,00	0,000	
DEC	PIDTIC	ON OF OPERATIONS / LOCATIONS / VEHICLE		OBD 4	04 Additional Bamarka Sahadula	may be at	toohod if more or	age is required)				
		policy terms, conditions and exclusion		יו שאטי	or, Additional Remarks Schedule,	illay be a	uached ii more sp	Jace is required)				
Our	ject to	policy terms, conditions and exclusion	13.									
CERTIFICATE HOLDER CANCELLATION												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										BEFORE		
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Interconnect, Inc						ACC						
914 N. 73rd Place						ALITHODIZED DEDDECENTATIVE						
							AUTHORIZED REPRESENTATIVE					
Scottsdale					AZ 85257	Chicia hodes						