

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/05/2024

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		ertificate fiolder in fieu of s	CONTACT	am Munoz					
MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100			PHONE FAX (A/C, No, Ext): 408 467 5651 FAX (A/C, No):						
CALIFORNIA LICENSE NO. 0437153			E-MAIL ADDRESS: myream.munoz@marsh.com						
SAN FRANCISCO, CA 94111			INSURER(S) AFFORDING COVERAGE NAIC #						
121911378GAUWC-23-24			INSURER A : Travelers Property Casualty Company Of America			25674			
INSURED Samsara Inc.			INSURER B : The Charter Oak Fire Insurance Company			25615			
1 De Haro			INSURER C : N/A						
San Francisco, CA 94107			INSURER D :	INSURER D :					
				INSURER E :					
COVERAGES CERTIFICATE NUMBER:			INSURER F : SEA-004055967-00 REVISION NUMBER: 0						
THIS IS TO CERTIFY THAT THE POLICIES) THE INSURE		LICY PERIOD			
INDICATED. NOTWITHSTANDING ANY 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 SU INSD W	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	Х	H22J-630-1J668971-TIL-23	12/15/2023	12/15/2024	EACH OCCURRENCE \$	1,000,000			
CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	1,000,000			
					MED EXP (Any one person) \$	15,000			
					PERSONAL & ADV INJURY \$	1,000,000 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					GENERAL AGGREGATE \$	2,000,000			
					PRODUCTS - COMP/OP AGG \$	2,000,000			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT				
ANY AUTO					(Ea accident) BODILY INJURY (Per person) \$				
OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident) \$				
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE \$				
					\$				
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$				
DED RETENTION \$			40/45/0000	10/15/0001	\$\$				
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		UB-0X357560-23-13-H 12/15/2023 12/15/2024 X PER OTH- ER OTH-		X STATUTE ER	1 000 000				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	1,000,000			
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Schedu	lle, may be attached if mor	e space is requir	ed)				
Snohomish County - It's officers; elected officials, agents	and emplo	yees are included as additional insure	d where required by written	contract with resp	pect				
to general liability.									
			CANCELLATION	CANCELLATION					
Snohomish County 3000 Rockefeller Ave M/S 610 Everett, WA 98201-4046			SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCE	LLED BEFORE			
			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	AUTHORIZED REPRESENTATIVE								
	of Marsh Risk & Insurance Services								
	Myrlam Munag								
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AGENCY CUSTOMER ID: 121911378

LOC #: San Francisco

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ACORD ADD	Page 2 of	2		
AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED Samsara Inc. 1 De Haro		
POLICY NUMBER		San Francisco,CA 94107		
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHE	DULE TO ACORD FORM,			
FORM NUMBER: 25 FORM TITLE: Ce	ertificate of Liability Insura	ince		
Stock ThroughPut - Cargo (Con't)				
(Storage/Inventory/Processing) Policy No. OC5846420				

Carrier: Zurich American Insurance Co. Limit: \$7,500,000 Deductible: \$50,000 Inventory except; \$250,000 Earthquake

\$250,000 Windstorm

\$250,000 Flood

Other deductibles may apply as per policy terms and conditions.