ETIXPAR-01 SCHATURVEDI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/13/2026

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
Aon Risk Services Northeast, Inc.
53 State Street
Suite 2201
Boston, MA 02109

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Continental Insurance Company	35289
INSURER B : Continental Casualty Company	20443
INSURER C : American Casualty Co. of Reading PA	20427
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Etix Parent, L.P.
909 Aviation Pkwy Ste 900
Morrisville, NC 27560

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:	X		6057095785	4/28/2026	4/28/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			BUA 6057095771	4/28/2026	4/28/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp./Coll. Ded	$ 1,000,000 $ $ $ $ 1,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CUE6057095835	4/28/2026	4/28/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC657095818	4/28/2026	4/28/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

APPROVED
By Stephanie Rousseau at 1:45 pm, Jun 25, 2026

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Snohomish County, its officers, officials, agents and employees are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER
Snohomish County
Attn: Evergreen State Fair Park
14405 179th Ave. SE
Monroe, WA 98272

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
Aon Risk Services Northeast Inc.

AGENCY CUSTOMER ID: ETIXPAR-01 SCHATURVEDI

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Aon Risk Services Northeast, Inc.		Etix Parent, L.P. 909 Aviation Pkwy Ste 900 Morrisville, NC 27560
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

25-26 D&O
Policy Number: P00100020452407
Policy Period: 8/28/2025 to 8/28/2026
Underwriting Company: AXIS Insurance Company
Aggregate Limit: $2,500,000 (Claims Made)

25-26 EPL
Policy Number: P00100020452407
Policy Period: 8/28/2025 to 8/28/2026
Underwriting Company: AXIS Insurance Company
Aggregate Limit: $2,000,000 (Claims Made)
SIR: $25,000, SIR applies per policy terms and conditions

25-26 Fiduciary
Policy Number: P00100020452407
Policy Period: 8/28/2025 to 8/28/2026
Underwriting Company: AXIS Insurance Company
Aggregate Limit: $1,000,000 (Claims Made)

26-27 Cyber Liability
Policy Number: 8017128291
Policy Period: 04/28/2026 to 04/28/2027
Underwriting Company: Columbia Casualty Company - NAIC-31127
Aggregate Limit: $5,000,000 (Claims Made)
Each Claim Limit: $5,000,000
SIR: $50,000, SIR applies per policy terms and conditions

CNA

CNA PARAMOUNT

Endorsement **Effective Date:** 06/19/2026

Insured Name:
ETIX INTERMEDIATE, INC.

909 AVIATION PKWY STE 900

MORRISVILLE, NC 27560-9000

Policy Number: 6057095785 **Policy Period:** 04/28/2026 – 04/28/2027

Producer's Information:
AON RISK SERVICES NORTHEAST INC **Producer Code:** 097210
7910 LEHIGH CROSSING ROAD STE

VICTOR, NY 14564
(312)381-1000

CNA Branch Number: 470

CNA Branch Name and Address:
READING BRANCH
The Spring Ridge Cor
One Meridian Ave
Wyomissing, PA 19610
(610)320-4000

Thank you for choosing CNA!

With your CNA Paramount package policy, you have insurance coverage tailored to meet the needs of your modern business. The international network of insurance professionals and the financial strength of CNA, rated "A" by A.M. Best, provide the resources to help you manage the daily risks of your organization so that you may focus on what's most important to you.

Claim Services — There When You Need Us

Claims are reported through a single point of entry available 24/7, connecting you to the individuals and information to help you resume your business when you need it most.

To report a claim, please call 877-CNA-ASAP , fax (800) 953-7389, email lossreport@cnaasap.com , or visit www.cna.com/claim.

Risk Control Services — Help Avoid A Claim Before It Occurs

As a CNA policyholder, you have access to certified risk control professionals, risk mitigation programs and online resources to help identify and manage exposures that may disrupt your operation. We collaborate with business leaders to develop customized programs to assist you in safeguarding your assets and improving the bottom line.

To learn how our award-winning Risk Control services can help your business, please call (866) 262-0540, email us at riskcontrolwebinfo@cna.com or visit www.cna.com/riskcontrol.

When it comes to providing the coverage, service and resources paramount to your business success … **we can show you more.**

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INSURED

CNA

CNA PARAMOUNT

Amendment of Forms and Endorsements Schedule
Addition or Deletion of Endorsements

It is understood and agreed as follows:

I. ADDITION OF FORMS OR ENDORSEMENTS

The **Forms and Endorsements Schedule** is amended to add the following forms or endorsements effective as of the date set forth in such form or endorsement

Endm't Number	Form or Endorsement Name	Form Number	Form Edition
26	Amendment of Forms and Endorsements Schedule Addition or Deletion of Endorsements	CNA62673XX	09-12
27	Amendment of General Liability Schedule of Locations and Coverages Endorsement	CNA75135XX	01-15
28	Additional Insured - Designated Person or Organization Endorsement	CNA74745XX	01-15

II. DELETION OF FORMS OR ENDORSEMENTS

The **Forms and Endorsements Schedule** is amended to delete the following forms or endorsements effective as of the "deletion date" indicated below.

The net premium change for Terrorism Risk Insurance Act Endorsement, if any, for the above endorsements in Sections **I.** and **II.** is: $3.00

The net premium change, if any, for the above endorsements in Sections **I.** and **II.** is: $267.00

Total change is : $267.00

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA

CNA PARAMOUNT

Amendment of General Liability Schedule of Locations and Coverages Endorsement

In consideration of the premium paid for this policy, it is agreed that the **Additional Declarations — General Liability Schedule of Locations and Coverages** is amended as follows:

The following Location Level items are added:

Location Number	**Location Address:**
1	909 AVIATION PKWY SUITE 900 MORRISVILLE, NC 27560

Coverage/Hazard Description	**Exposure**	**Premium Basis**	**Rate**	**Estimated Premium**
Class Code 70131 Software & IT Services - Systems Integrator/Value Added Reseller-work completed at Insured's location (end use with significant Bodily Injury and Property Damage exposure) Additional Insured - Designated Person or Organization			5%	$264
	Location Sub-Total			$264

Please see the **Amendment of Forms and Endorsements Schedule – Addition or Deletion of Endorsements** for the net additional or return premium resulting from all the changes detailed above.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA

CNA PARAMOUNT

Additional Insured - Designated Person or Organization Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE
Name Of Additional Insured Person Or Organization:
SNOHOMISH COUNTY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AND AGENTS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

It is understood and agreed that the section entitled **WHO IS AN INSURED** is amended with the addition of the following:

A. The person or organization shown in the Schedule is an **Insured**, but only with respect to such person or organization's liability for **bodily injury**, **property damage** or **personal and advertising injury** caused in whole or in part, by: the **Named Insured's** acts or omissions, or the acts or omissions of those acting on the **Named Insured's** behalf:

1. in the performance of the **Named Insured's** ongoing operations; or

2. in connection with premises owned by or rented to the **Named Insured**.

B. However, if coverage for the additional **Insured** is required by written contract or written agreement, subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional **Insured** with:

1. coverage broader than required by such contract or agreement; or

2. a higher limit of insurance than required by such contract or agreement.

C. The coverage granted by this endorsement does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard**.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

3002000856057095785073l

CNA

151 N. Franklin St.
Chicago, IL 60606

Policy Number	From Policy Period To	Coverage Is Provided By	Agency
C6057095785	04/28/26 04/28/27	Continental Insurance Company	097210470

Named Insured And Address	Agent
ETIX INTERMEDIATE, INC. 909 AVIATION PKWY STE 900 MORRISVILLE, NC 27560-9000	AON RISK SERVICES NORTHEAST INC 7910 LEHIGH CROSSING ROAD STE VICTOR, NY 14564

** REVISED PAYMENT PLAN SCHEDULE **

THE BILLING FOR THIS POLICY WILL BE FORWARDED TO YOU DIRECTLY FROM CNA.

THE PREMIUM AMOUNT FOR THIS TRANSACTION IS $267.00 .

THIS PREMIUM WILL BE INVOICED BY CNA ON A SEPARATE STATEMENT ACCORDING TO THE PAYMENT OPTION YOU SELECT.

ISSUE DATE 06/23/26

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