CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/04/2021

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 notice in fied of suc	ii endorsemen	ıt(s).				
PRODUCER	CONTACT NAME:					
Aon Risk Services South, Inc. Atlanta GA Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-					
3550 Lenox Road NE Suite 1700	E-MAIL ADDRESS:					
Atlanta GA 30326 USA		INSURER(S) AFFORDING COVERAGE				
INSURED	INSURER A:	AIG Specialty Insuran	26883			
Global Tel*Link Corporation	INSURER B: Lexington Insurance Company 1					
GTEL Holdings, Inc. 107 St Francis St 32nd Floor	INSURER C: National Union Fire Ins Co of Pittsburgh 19					
Mobile AL 36602 USA	INSURER D: New Hampshire Insurance Company					
	INSURER E: AIG Property Casualty Company			19402		
	INSURER F:	Mercer Insurance Comp	14478			

CERTIFICATE NUMBER: 570089727196 COVERAGES **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,

			LIMITS SHOWN MAY HAVE BEEN			Ellinto one	wn are as requested
R		ADDL SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
l	X COMMERCIAL GENERAL LIABILITY	080877955 10/01	10/01/2021	10/01/2022	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
I		APPROVED			MED EXP (Any one person)	Excluded	
	A	rrn	OVED			PERSONAL & ADV INJURY	\$1,000,000
I	GEN'L AGGREGATE LIMIT APPLIES PER: By	Diane Ra	aer - Risk Management at 3	·10 pm .lu	1 14 2022	GENERAL AGGREGATE	\$2,000,000
I	POLICY X PRO-	Diane Be	ici management at e	. To pini, ou	14, 2022	PRODUCTS - COMP/OP AGG	\$2,000,000
l	OTHER:				3-4-1		
X ANY OWI HIRE	AUTOMOBILE LIABILITY		016-15-6125	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	x ANYAUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
1	UMBRELLA LIAB X OCCUR	-	2000000203	10/01/2021	10/01/2022	EACH OCCURRENCE	\$2,000,000
						AGGREGATE	\$2,000,000
						Addited/15	22,000,00
	DED RETENTION WORKERS COMPENSATION AND		016156126	10/01/2021	10/01/2022	✓ I PER STATUTE OTH-	
	EMPLOYERS' LIABILITY Y/N		(AOS)	10/01/2021	10/01/2022	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A	16156124	10/01/2021	10/01/2022	E.L. EACH ACCIDENT	\$1,000,00
	(Mandatory in NH)		(CA)			E.L. DISEASE-EA EMPLOYEE	\$1,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below			1 - 2 - 3 " "		E.L. DISEASE-POLICY LIMIT	\$1,000,00
1	E&O-Technology		015925770 Claims Made SIR applies per policy ter		10/01/2022 tions	Limit Retention	\$1,000,00 \$1,000,00
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE homish County, its officers, elec policy provisions of the General	S (ACORD 1	01, Additional Remarks Schedule, may be	attached if more	space is require		accordance with ovision applies.
F	RTIFICATE HOLDER		CANCELL	ATION			
			EXPIRATION			BED POLICIES BE CANCELL FILL BE DELIVERED IN ACCOR	
	Snohomish County WA Pat Scattaregla 3000 Rockefeller Avenue, M/S, Everett WA 98201-4046 USA	/ 709		REPRESENTATIV		resigns South .	g .

CERTIFICATE	HOI DED
CENTIFICATE	HOLDER

CANCELLATION

Aon Risk Services South Inc

ENDORSEMENT # 23

This endorsement, effective 12:01 AM 10/01/2020

Forms a part of policy no.: 080877955

Issued to: GTEL HOLDINGS INC

By: LEXINGTON INSURANCE COMPANY

PRIMARY AND NON CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided by the policy:

SCHEDULE

Name of Person or Organization

SNOHOMISH COUNTY WA PAT SCATTAREGLA 3000 ROCKEFELLER AVENUE, M/S/ 709 EVERETT, WA 98201-4046 USA

Notwithstanding any other provision of the policy to the contrary, the insurance afforded by this policy for the benefit of the Additional Insured shown in the Schedule above shall be primary insurance, but only with respect to any claim, loss or liability arising out of the Named Insured's operations; and any insurance maintained by the Additional Insured shall be non-contributing.

All other terms and conditions of the policy remain the same.

Authorized Representative

LX4278 (02/14)

ENDORSEMENT # 24

This endorsement, effective 12:01 AM 10/01/2020

Forms a part of policy no.: 080877955

Issued to: GTEL HOLDINGS INC

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided by the Policy:

SCHEDULE

SNOHOMISH COUNTY WA PAT SCATTAREGLA 3000 ROCKEFELLER AVENUE, M/S/ 709 EVERETT, WA 98201-4046 USA

The entity(ies) shown in the above Schedule are added as Additional Insured(s) to this Policy, but only for **claims** arising out of the acts, errors or omissions committed by the Named Insured on or after the Retroactive Date corresponding to the additional insured shown in the above Schedule.

Any **claim** made by any additional insured against any other **insured** or additional insured is excluded from coverage.

All other terms and conditions of the Policy remain the same.

Authorized Representative