

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/06/2023

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lloyds of London	
		<b>INSURER B:</b> WCF Mutual Insurance Company	
		<b>INSURER C:</b> Ohio Security Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			B0507LF2300412	07/03/2023	07/03/2024	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> BI/PD Ded:2,500						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
	OTHER:						PRODUCTS - COMP/OP AGG
B	<input type="checkbox"/> AUTOMOBILE LIABILITY			4019503	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRE AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BFS2365424614	11/06/2022	11/06/2023	EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A				AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Amazon.com Services LLC and its affiliates and assignees are included as additional insured with respects to general liability when required by written contract.**

<b>CERTIFICATE HOLDER</b> <b>Amazon.com Services LLC and its affiliates and assignees</b> <b>PO Box 81226</b> <b>Seattle, WA 98108-1226</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117	
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London <b>INSURER B:</b> WCF Mutual Insurance Company <b>INSURER C:</b> Ohio Security Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	
		<b>10033</b>	
		<b>24082</b>	

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<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>B0507LF2300412</b>	<b>07/03/2023</b>	<b>07/03/2024</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>4019503</b>	<b>07/01/2023</b>	<b>07/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>C</b>	<b>BPP</b>			<b>BFS2365424614</b>	<b>11/06/2022</b>	<b>11/06/2023</b>	<b>\$500,000. Ded \$2,500</b>

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

Certificate holder is listed as lenders loss payable as their interests may appear.

**CERTIFICATE HOLDER****CANCELLATION**

**CFS CAP, LLC.**  
**136 E. South Temple Suite 1400**  
**Salt Lake City, UT 84111**

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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	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			4019503	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
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	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$1,000,000
C	<b>BPP</b>			BFS2365424614	11/06/2022	11/06/2023	\$500,000. Ded \$2,500

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

**Event: Supply Side West 2019**

**Informa Meida Inc, Informa Business Media Inc, and their respective affiliates, Mandalay Bay Convention Center and GES is an additional insured with respects to the General Liability when required by written contract. Workers Compensation includes blanket waiver of subrogation in favor of any person or organization that the insured has expressly agreed to the waiver in written contract.**

**CERTIFICATE HOLDER****CANCELLATION**

**Informa Exhibitions LLC**  
**3300 North Central Ave.**  
**Phoenix, AZ 85012**

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**CERTIFICATE HOLDER****CANCELLATION**

Larry Gladfelter Enterprises,  
 LLC  
 725 Harmony Drive New Oxford  
 New Oxford, PA 17350

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	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						AGGREGATE
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>4019503</b>	<b>07/01/2023</b>	<b>07/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>N/A</b>				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
<b>C</b>	<b>BPP</b>			<b>BFS2365424614</b>	<b>11/06/2022</b>	<b>11/06/2023</b>	<b>\$500,000. Ded \$2,500</b>

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

**National Botanicals, LLC is an additional insured with respects to the General Liability when required by written contract.**

**CERTIFICATE HOLDER****CANCELLATION**

**National Botanicals, LLC**  
**1800 NE 410, Ste 206**  
**San Antonio, TX 78217-5210**

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



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

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**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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lloyds of London	
		<b>INSURER B:</b> WCF Mutual Insurance Company	
		<b>INSURER C:</b> Ohio Security Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0507LF2300412	07/03/2023	07/03/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4019503	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
C	BPP			BFS2365424614	11/06/2022	11/06/2023	\$500,000. Ded \$2,500

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

Certificate Holder is added as an Additional Insured under the General Liability section when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

**Prysm Group**  
**7660 W Cheyenne Ste. 114**  
**Las Vegas, NV 89129**

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



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/06/2023

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<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117															
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER B : WCF Mutual Insurance Company</td> <td>10033</td> </tr> <tr> <td>INSURER C : Ohio Security Insurance Company</td> <td>24082</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds of London		INSURER B : WCF Mutual Insurance Company	10033	INSURER C : Ohio Security Insurance Company	24082	INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0507LF2300412	07/03/2023	07/03/2024	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$							
	\$							
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4019503	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	BPP			BFS2365424614	11/06/2022	11/06/2023	\$500,000. Ded \$2,500	

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

Certificate holder is an additional insured with respects to the General Liability when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Sobe Organics, Inc  
 dba: LBC  
 18181 NE 31st Court, Suite 1609  
 Miami, FL 33160

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



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

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<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London	<b>NAIC #</b>  
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<b>INSURER B:</b> WCF Mutual Insurance Company <b>INSURER C:</b> Ohio Security Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>10033</b> <b>24082</b>    

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>B0507LF2300412</b>	<b>07/03/2023</b>	<b>07/03/2024</b>	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b>						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>4019503</b>	<b>07/01/2023</b>	<b>07/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
<b>C</b>	<b>BPP</b>			<b>BFS2365424614</b>	<b>11/06/2022</b>	<b>11/06/2023</b>	<b>\$500,000. Ded \$2,500</b>

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

**Superfine Labs, LLC, Superfine.com, LLC is an additional insured with respects to the general liability when required by written contract.**

**CERTIFICATE HOLDER****CANCELLATION**

**Superfine Labs, LLC,**  
**Superfine.com, LLC**  
**600 Stewart St, Ste 400**  
**Seattle, WA 98101**

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





**ACORD™**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2023

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<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>	<b>CONTACT NAME:</b> Sarah Anderson-Ivie	
	<b>PHONE (A/C. No, Ext):</b> 801 531-1234	<b>FAX (A/C, No):</b> 801-531-6117
<b>INSURED</b>  <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>	<b>E-MAIL ADDRESS:</b> scanderson@moreton.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Lloyds of London	
	INSURER B : WCF Mutual Insurance Company	10033
	INSURER C : Ohio Security Insurance Company	24082
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

**CERTIFICATE NUMBER:**

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						B0507LF2300412	07/03/2023	07/03/2024	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>	OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000					
	<input checked="" type="checkbox"/>	BI/PD Ded:2,500				MED EXP (Any one person)	\$5,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$2,000,000						
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE				\$2,000,000	
	OTHER:				PRODUCTS - COMP/OP AGG	\$2,000,000						
											\$	
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$					
	<input type="checkbox"/>	HIRED AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$					
	<input type="checkbox"/>			<input type="checkbox"/>		PROPERTY DAMAGE (Per accident)	\$					
							\$					
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$						\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N Y N / A	4019503	07/01/2023	07/01/2024	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$1,000,000		
	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000		
C	BPP					BFS2365424614	11/06/2022	11/06/2023	\$500,000. Ded \$2,500			

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

**TRU DEVATA, LLC is an additional insured with respects to the General Liability when required by written contract.**

**CERTIFICATE HOLDER**

## CANCELLATION

<p><b>CERTIFICATE HOLDER</b></p> <p><b>TRU DEVATA LLC</b>  <b>3131 E Camelback Rd #360</b>  <b>Phoenix, AZ 85016</b></p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p><b>AUTHORIZED REPRESENTATIVE</b></p> <p></p>

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

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<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London <b>INSURER B:</b> WCF Mutual Insurance Company <b>INSURER C:</b> Ohio Security Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	
		<b>10033</b>	
		<b>24082</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>B0507LF2300412</b>	<b>07/03/2023</b>	<b>07/03/2024</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>4019503</b>	<b>07/01/2023</b>	<b>07/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>C</b>	<b>BPP</b>			<b>BFS2365424614</b>	<b>11/06/2022</b>	<b>11/06/2023</b>	<b>\$500,000. Ded \$2,500</b>

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

Certificate holder is an additional insured with respects to the general liability when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

**Viridi Enterprises**  
**90 Dayton Avenue Suite 202**  
**Passaic, NJ 07055**

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



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/06/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Moreton &amp; Company - Utah</b> <b>P.O. Box 58139</b> <b>Salt Lake City, UT 84158-0139</b> <b>801 531-1234</b>		<b>CONTACT NAME:</b> Sarah Anderson-Ivie <b>PHONE (A/C, No, Ext):</b> 801 531-1234 <b>E-MAIL ADDRESS:</b> scanderson@moreton.com <b>FAX (A/C, No):</b> 801-531-6117	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Lloyds of London	<b>NAIC #</b>  
<b>INSURED</b> <b>Silver Shadow Ventures, LLC</b> <b>9587 S 500 W</b> <b>Sandy, UT 84070</b>		<b>INSURER B :</b> WCF Mutual Insurance Company <b>INSURER C :</b> Ohio Security Insurance Company <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	<b>10033</b> <b>24082</b>    

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>B0507LF2300412</b>	<b>07/03/2023</b>	<b>07/03/2024</b>	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> <b>BI/PD Ded:2,500</b>						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
	OTHER:						PRODUCTS - COMP/OP AGG
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR					AGGREGATE
	DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>4019503</b>	<b>07/01/2023</b>	<b>07/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>N/A</b>				E.I. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE
							E.I. DISEASE - POLICY LIMIT
<b>C</b>	<b>BPP</b>			<b>BFS2365424614</b>	<b>11/06/2022</b>	<b>11/06/2023</b>	<b>\$500,000. Ded \$2,500</b>

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

**Verification of Insurance subject to the terms and conditions of the policy.**

**CERTIFICATE HOLDER****CANCELLATION**

**Zenus, LLC**  
**1000 N. Green Valley Pkwy., Ste.**  
**440-550**  
**Henderson, NV 89074-6172**

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

