

## **Insurance Statement**

PFM Financial Advisors LLC ("PFM") has a complete insurance program, including property, casualty, general liability, automobile liability and workers compensation. PFM maintains Professional (E&O)/Cyber Liability coverage which total \$5 million single loss/ aggregate.

Our Professional/Cyber Liability policies are a "claims made" policy and our General Liability policy claims would be made by occurrence.

## **Deductibles/SIR:**

Automobile \$100 comprehensive & \$1,000 collision General Liability \$0 Professional (E&O)/ Cyber Liability \$250,000 Crime \$50,000

## **Insurance Company & AM Best Rating**

Professional Liability (E&O)	AIG Specialty Insurance Company; (A; Stable)
Cyber Liability	AIG Specialty Insurance Company (A; Stable)
Crime	Berkley Regional Insurance Company; (A+; Stable)
General Liability	. The Continental Insurance Company; (A Stable)
Automobile Liability	. The Continental Insurance Company; (A Stable)
Excess /Umbrella Liability	. The Continental Insurance Company; (A Stable)
Workers Compensation	. The Continental Insurance Company; (A Stable)
& Employers Liability	

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORI. 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 endors if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).     PRODUCER   Lockton Companies, LLC 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300   CONTACT NAME: PHONE (ACC, No, Extl:   FAX (ACC, No, Extl:     INSURED   PFM Financial Advisors LLC 1735 Market St FI 42 Philadelphia PA 19103   INSURER 1: AIG Specialty Insurance Company 1NSURER 0: INSURER C: INSURER 0: INSURER C: INSURER C: INSURER F:   INSURER: XXXXXX     TOPY EXPENSION NUMBER: XXXXXX	ACORD <sup>®</sup> CER <sup>®</sup>	TIFICATE OF LIAB	ILITY INSU	JRANC		(MM/DD/YYYY) /3/2024			
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).     PRODUCER   Lockton Companies, LLC     Insummer   Contract     MSURED   Sweene of the Americas, Suite 2010     New York NY 10036   MSUBERS/AFFORMS COVERAGE     646-572-7300   Insummer and the continential Insurance Company     93   Insurance Company     94   New York NY 10036     646-572-7300   Insurance Company     94   Neures no.     Neures no.   Insurance Company     92   Insurance Company </td <td colspan="9">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.</td>	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.								
NAME: FACE   1183 Avenue of the Americas, Suite 2010 New York, NY 10036   646-572-7300 Insurance Company   133 Market St, F1 42 Neureen a: The Contrinental Insurance Company   733 Market St, F1 42 Insureen a: AIG Speciality Insurance Company   9 PFM Financial Advisors LLC Insureen a: AIG Speciality Insurance Company   133 Market St, F1 42 Insureen a: AIG Speciality Insurance Company   9 PFM Financial Advisors LLC Insureen a: AIG Speciality Insurance Company   133 Market St, F1 42 Insureen a: AIG Speciality Insurance Company   134 Market St, F1 42 Insureen a: AIG Speciality Insurance Company   135 TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY ENDICATED.   136 TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURE NAMED ABOVE FOR THE POLICY ENDICATED.   137 COVERAGES CERTIFICATE NUMBER:   138 Subsect Bein Heiner Stream State S									
646-572-7300       INSURER A: The Continental Insurance Company     335       INSURER A: The Continental Insurance Company     22       INSURER A: The Continental Insurance Company     22       INSURER A: The Continental Insurance Company     22       INSURER D:     INSURER D:       INSURER D:     INSURANCE AFOR THE POLICIES OF INSURANCE AFOR THE POLICIES OF INSURANCE AFOR THE POLICIES DESCRIBED NAMEA BACKEr FOR THE NAME BACKER FOR THE POLICIES DESCRIBED NAMEA BACKER FOR THE NAMEA BACKER FOR THE NAMEA BACKER FOR THE NAMEA BACKE	PRODUCER Lockton Companies, LLC 1185 Avenue of the Americas, Suite 2010		NAME:       PHONE     FAX       (A/C, No, Ext):     (A/C, No):						
INSURED PFM Financial Advisors LLC 1735 Market St FI 42 Philadelphia PA 19103 MSURER 6: INSURED Company 226   INSURER C: INSURED Company 26   INSURER C: INSURED COMPARENCE INSURED DELOW HAVE BEEN ISSUED To HE INSURER NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTUDY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED To HE INSURER NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTUDY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED To HE INSURER NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTUDY THAT THE POLICES OF INSURENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED TO AILL THE TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. IMMITS   1987 TYPE OF INSURANCE ADDLSUBRE NOTH THE NOTION OF ANY CONTRACT OR OTHER DOLUMER INSUMANCE POLICY NUMBER REVISION NUMBER EACH OCCURRENCE \$ 1,000,000   1988 TYPE OF INSURANCE MODE SUBRE NOTION OF ANY CONTRACT OR OTHER DOLUMER INSUMATE TOG359755 12/7/2024 12/7/2024 12/7/2025 EACH OCCURRENCE \$ 1,000,000   1980 TYPE OF INSURANCE SOCUR TOG3597652 12/7/2024 12/7/2025 ECOMPOP AGO S \$ 2,000,000   1990EFF INSURED TO RETED TO RETED TO ALL THE TERM OR CONTRACT OR OTHER OCCURRENCE \$ 2,000,000 S XXXXXX S XXXXXX   A MAY AUTO CLAIMS-MADE TOG3597652 12/7/20			ADDRESS:						
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Insurer E :       Insurer F :       COVERAGES     CERTIFICATE NUMBER:     XXXXXX       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER BOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIE DESCHIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMMS.     COMMERCIAL GENERAL LIABILITY     COMMERCIAL GENERAL TH APPLIES PER: X AUTOB ONLY X LOC     COMMERCIAL GENERAL CLIMIT     S A COUCY MUMP REPORT       A AUTOMOBILE LIABILITY     7063597408     12/7/2024     12/7/2025     COMMERCIAL GENERAL LIABILITY       A AUTOMOBILE LIABILITY     7063597408     12/7/2024     12/7/2025 <th colspan<="" td=""><td></td><td>20003</td></th>	<td></td> <td>20003</td>				20003				
INSURER F:       REVISION NUMBER:     REVISION NUMBER:     XXXXXX       COVERAGES     CERTIFICATE NUMBER:     XXXXXXX       THIS IST CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER POCIDENT BUENT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       NMM     TYPE OF INSURANCE     ADDISULT     POLICY NUMBER     FOULY OF POLICY PERMENTERS (B accid OCUBRENCE) \$ 1,000,000 DAMAGE TO RENTED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       NMM     TYPE OF INSURANCE     ADDISULT     POLICY NUMBER     FOULY NUMBER     FOULY PULSE PER: CLAIMS-MARE     \$ 1,000,000       A     COMMERCIAL GENERAL LIABILITY     706359755     12/7/2024     12/7/2024     EACH OCUBRENCE     \$ 1,000,000       MED EXP(Any one paracon)     \$ 1,000,000     MARE BEEN ISSUED OR MAY     \$ 1,000,000     MARE BEEN ISSUED OR MAY       A     AUTOMOBILE LIABILITY     7063597408     12/7/2024     12/7/2025     EACH OCUBRENCE IMIT S 1,000,000       A     AUTOMOBILE LIABILITY     AUTOMOBILE LIABILITY     AUTOMOBILE LIAB	Philadelphia PA 19103	-							
THS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERM IFACTOR MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXClusions and control to all the term EXClusions and the term and the term EXClusion and the term and the term A AUTOBORIE LIABILITY A AUTOBORIE LIABILITY A AUTOBORIE LIABILITY A AUTOBORIE LIABILITY A AUTOBORIE LIABILITY A AUTOBORIE AND									
INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH '									
A   X   COMMERCIAL GENERAL LIABILITY   7063595755   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 1,000,000     DAMAGE TO RENTED   MARCH TO RENTED   S1,000,000   PREMISES (Ea accurrence)   \$ 1,000,000     GENTLAGGREGATE LIMIT APPLIES PER:   X   Loc   S2,000,000   PRODUCTS - COMP/OP AGG   \$ 2,000,000     X   POLICY   PROC   X   Loc   S2,000,000   PRODUCTS - COMP/OP AGG   \$ 2,000,000     Y   PRODUCTS - COMPIOP AGG   S2,000,000   S   S2,000,000   PRODUCTS - COMPIOP AGG   \$ 2,000,000     Y   PRODUCTS - COMPIOP AGG   S2,000,000   S   S   S   S     A   AUTOMOBILE LIABILITY   7063597408   12/7/2024   12/7/2024   12/7/2025   BOOILY INULRY (Per person)   \$ XXXXXX     BOOILY INULRY (Per person)   S XXXXXXX   BOOILY INULRY (Per person)   \$ XXXXXXX   BOOILY INULRY (Per person)   \$ XXXXXXX     A   X   UMBRELIA LIAB   X OCCUR   CLAIMS-MADE   7063597652   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 20,000,000     A   X   UMBRELIA LIAB   CCUR   CLAIMS-MADE   <									
MED EXP (Any one person)   \$ 15,000     GEN'L AGGREGATE LIMIT APPLIES PER:   X     X   POLICY   Y     JECO   X   Loc     OTHER:   7063597408   12/7/2024     A AUTOMOBILE LIABILITY   SCHEDULED     ANY AUTO   SCHEDULED     AUTOS ONLY   X     AUTOS ONLY   X<	A X COMMERCIAL GENERAL LIABILITY				DAMAGE TO DENITED				
GENT AGGREGATE LIMIT APPLIES PER:     X   POLICY   X   JECT   X   Loc     OTHER:   7063597408   12/7/2024   12/7/2025   Combined Single Limit   \$ 1,000,000     X   ANY AUTO   OWNED   AUTONOBILE LABILITY   X   7063597408   12/7/2024   12/7/2025   Combined Single Limit   \$ 1,000,000     X   ANY AUTO   OWNED   AUTOS ONLY   X   AUTONOBILE LABILITY   \$ XXXXXX     X   HIED   AUTOS ONLY   X   AUTOS ONLY   X   BODILY INJURY (Per person)   \$ XXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXX   BODILY INJURY (Per accident)   \$ XXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXXX   BODILY INJURY (Per accident)   \$ XXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXX   BODILY INJURY (Per accident)   \$ XXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXXX   BODILY INJURY (Per accident)   \$ XXXXXXX     A   X   UMBRELA   IAB   \$ Cocurs   \$ 20,000,000									
X   POLICY   X   PRO- OTHER:   X   LOC   PRODUCTS - COMP/OP AGG   \$ 2,000,000     A   AUTOMOBILE LIABILITY   X   ANY AUTO   \$ 2,000,000   \$     QWNED   ANY AUTO   SCHEDULED   AUTOS ONLY   X   BODILY INJURY (Per person)   \$ XXXXXX     WORKERS COMPROAGE   \$ XXXXXX   BODILY INJURY (Per accident)   \$ XXXXXX     A   X UNDES ONLY   X   AUTOS ONLY   X   AUTOS ONLY     X   HIFED   CLAIMS-MADE   PROPERTY DAMAGE   \$ XXXXXX     A   X UMBRELLA LIAB   X   OCCUR   CLAIMS-MADE     Excess LIAB   CLAIMS-MADE   CLAIMS-MADE   PROPERTOR PARTNEREXEUTIVE   Y     A   X   UMBRELS CLAURENS COMPENSATION   AND EMPLOYERS' LIABILITY   Y   N/A     A   MORKERS COMPENSATIONS   N/A   7063614840   1/1/2025   1/1/2026   X   PER STUTE   S XXXXXX     A   MORKERS COMPENSATIONS   N/A   7063614840   1/1/2025   1/1/2026   X   S STUTE   EL ACH ACCIDENT   \$ 1,000,000     EL   Cyportrotorparkatrexecurive   N </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>						1			
OTHER:   S   S     A   AUTOMOBILE LIABILITY   F063597408   12/7/2024   12/7/2025   COMBINED SINGLE LIMIT   \$ 1,000,000     WITOS ONLY   ANY AUTO   OWNED   SCHEDULED   SCHEDUL									
A   ANY AUTO   (Ea accident)   * 1,000,000     WINED   SCHEDULED   SCHEDULED   BODILY INJURY (Per person)   \$ XXXXXX     BODILY INJURY (Per person)   \$ XXXXXXX   BODILY INJURY (Per person)   \$ XXXXXXX     BODILY INJURY (Per person)   \$ XXXXXXX   BODILY INJURY (Per person)   \$ XXXXXXX     BODILY INJURY (Per person)   \$ XXXXXXX   BODILY INJURY (Per person)   \$ XXXXXXX     AUTOS ONLY   X   MON-OWNED   AUTOS ONLY   \$ XXXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXXX     Excess LIAB   CLAIMS-MADE   7063597652   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 20,000,00     BED   RETENTION \$   N   7063614840   1/1/2025   1/1/2026   X   STATUTE   EH     ANY PROPRISTOR/PARTNER/EXECUTIVE   N   N   N   A   7063614840   1/1/2025   1/1/2026   X   STATUTE   EL. EACH ACCIDENT   \$ 1,000,000     EL. DISEASE - CALIDEO?   N   N   A   OCENTRAL ACCIDENT   \$ 1,000,000   EL. DISEASE - EA EMPLOYEE \$ 1,000,000   EL. DISEASE - EA EMPLOYEE \$ 1,000,000   EL. DISEASE - EA				9	\$	,000,000			
A   OWNED AUTOS ONLY   SCHEDULED AUTOS ONLY   SCHEDULED AUTOS NLY   SCHEDULED AUTOS NLY   SCHEDULED AUTOS NLY   SCHEDULED AUTOS ONLY		7063597408	12/7/2024	12/7/2025	(Ea accident) <sup>4</sup> 1,0				
X   HIRED AUTOS ONLY   X   NÖN-ÖWNED AUTOS ONLY   X   NÖN-ÖWNED AUTOS ONLY   \$ XXXXXX     A   X   UMBRELLA LIAB   X   OCCUR   \$ XXXXXX     EXCESS LIAB   CLAIMS-MADE   7063597652   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 20,000,00     A   DED   RETENTION \$   7063614840   1/1/2025   1/1/2026   X   PER STATUTE   OTH- EL. EACH ACCIDENT   \$ 1,000,000     MN PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) (f yes, describe under DESCRIPTION OF OPERATIONS below   N / A   7063614840   1/1/2025   1/1/2026   X   PER STATUTE   OTH- EL. DISEASE - EA EMPLOYEE \$ 1,000,000     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5H									
A   X   UMBRELLA LIAB   X   OCCUR   CLAIMS-MADE   7063597652   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 20,000,00     A   A   DED   RETENTION \$   7063597652   11/7/2024   12/7/2024   12/7/2025   EACH OCCURRENCE   \$ 20,000,00     A   MORKERS COMPENSATION AND EMPLOYERS'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   Y/N   N/A   7063614840   1/1/2025   1/1/2026   X   Y   PER STATUTE   OTH- EL. EACH ACCIDENT   \$ 1,000,000     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5M	V HIRED V NON-OWNED				PROPERTY DAMAGE (Per accident) \$ XX	XXXXXX			
EXCESS LIAB   CLAIMS-MADE     DED   RETENTION \$     A   AGGREGATE     MORKERS COMPENSATION     AND EMPLOYERS' LIABILITY   Y/N     N/A   7063614840     1/1/2025   1/1/2026     E.L. EACH ACCIDENT   \$ 1,000,000     E.L. DISEASE - EA EMPLOYEE   \$ 1,000,000     E.L. DISEASE - EA EMPLOYEE   \$ 1,000,000     E.L. DISEASE - POLICY LIMIT   \$ 1,000,000     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5M		7063597652	12/7/2024	12/7/2025					
A   WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below   Y/N N/A   N/A   7063614840   1/1/2025   1/1/2026   X   PER STATUTE   OTH- ER     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5M						1.51			
AND EMPLOYERS LABLETT   Y/N     ANY PROPRIETOR/PARTNER/EXECUTIVE   N     ANY PROPRIETOR/PARTNER/EXECUTIVE   N     Mandatory in NH)   N/A     If yes, describe under   EL. EACH ACCIDENT     DESCRIPTION OF OPERATIONS below   02-329-89-64     12/7/2024   12/7/2025     Retention \$250K Limit \$5M						XXXXXX			
OFFICERMEMBER EXCLUDED?   INTA     Mandatory in NHI If yes, describe under   E.L. DISEASE - EA EMPLOYEE   \$ 1,000,000     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5		7063614840	1/1/2025	1/1/2026		000,000			
DESCRIPTION OF OPERATIONS below   E.L. DISEASE - POLICY LIMIT   \$ 1,000,000     B   Cyber/Tech E&O   02-329-89-64   12/7/2024   12/7/2025   Retention \$250K Limit \$5M	OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE \$ 1,0	000,000			
	DESCRIPTION OF OPERATIONS below	02-329-89-64	12/7/2024	12/7/2025		000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		02 525 05 04	12/1/2024	12/112023					
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES //	COPD 101 Additional Pamarke Schodulo	may be attached if more	enaco le roquin	ad)				
CERTIFICATE HOLDER CANCELLATION See Attachments	CERTIFICATE HOLDER	C		See Atta	chments				
	EVIDENCE OF COVERA								
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