



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2025

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).

|                                                                                                          |  |                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br><br>Sunde N Nyah<br>2175 Hillsdale Ave<br>St Paul, MN 55119<br><br>Call -855 500 1448 |  | <b>CONTACT</b><br><b>NAME:</b> Sunde N Nyah<br><b>PHONE (A/C, No, Ext):</b> 855 500 1448<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> admin@sunde.umm2u.com |  |
|                                                                                                          |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                              |  |
|                                                                                                          |  | <b>INSURER A:</b> Third Coast Insurance Company                                                                                                                   |  |
|                                                                                                          |  | <b>INSURER B:</b> Hiscox Insurance Company Inc                                                                                                                    |  |
|                                                                                                          |  | <b>INSURER C:</b>                                                                                                                                                 |  |
|                                                                                                          |  | <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 INSD                           | 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"/> |          | GLSISTC011283925 | 12/23/2025              | 12/23/2026              | EACH OCCURRENCE \$ 1,000,000                                         |
|          | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                  |                                     |          |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000                  |
|          |                                                                                                                                                 |                                     |          |                  |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          |                                                                                                                                                 |                                     |          |                  |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          |                                                                                                                                                 |                                     |          |                  |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          | OTHER:                                                                                                                                          |                                     |          |                  |                         |                         | \$                                                                   |
|          | <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> <input type="checkbox"/> OCCUR                                                                                             |                                     |          |                  |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                                         |                                     |          |                  |                         |                         | AGGREGATE \$                                                         |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                                                                              |                                     |          |                  |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                                                            |                                     |          |                  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N                                      |                                     |          |                  |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |                                     |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                                 |                                     |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| B        | Professional Liability                                                                                                                          | <input checked="" type="checkbox"/> |          | P104.225.966.2   | 12/21/2025              | 12/21/2026              | Each Claim: \$ 1,000,000<br>Aggregate: \$ 1,000,000                  |

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

**CERTIFICATE HOLDER****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

*Sunde N Nyah*

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