CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/30/2024

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		CONTACT NAME:					
Aon Risk Services, Inc of Florida 701 Brickell Avenue Suite 3200 Miami FL 33131 USA	orida	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	05		
		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE			NAIC#		
INSURED		INSURER A: Beazley Excess and Surplus Insurance Inc			17520		
Iron Bow Technologies 2121 Cooperative Way Suites 500 & 450 Herndon VA 20171 USA		INSURER B: Indian Harbor Insurance Company					
		INSURER C:					
		INSURER D:			- 1		
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 570107943	252	RE	VISION 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.

Limits shown are as requested.

R	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	
		152			2 0 0 1	2 2	MED EXP (Any one person)	
		- 7	1				PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:	2					GENERAL AGGREGATE	
-	POLICY PRO- JECT LOC	44	En .				PRODUCTS - COMP/OP AGG	
1	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
1	ANYAUTO	2	100	5 7 2 2			BODILY INJURY (Per person)	
t	OWNED SCHEDULED AUTOS	100	3	1 12		J	BODILY INJURY (Per accident)	
-	AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY		5				PROPERTY DAMAGE (Per accident)	
†	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE		K 5	2 2 7 7 2 7	7 1		AGGREGATE	
	DED RETENTION			3 2 2		3. 3. 3.		
T	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7.	- 2				PER STATUTE OTH-	
1	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A					E.L. EACH ACCIDENT	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below	-			W. F. Land		E.L. DISEASE-POLICY LIMIT	
	Cyber Liability	7.		D3805F240101 Claims Made SIR applies per policy term		09/01/2025 tions	LIMIT	\$5,000,00

TECHNOLOGY PRODUCT SOLUTIONS &

RELATED SERVICES CANC

EXPIRATION: 04/30/2028

POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Aon Prish Services Inc. of Florida



Okaloosa County BCC 5479A Old Bethel Road Crestview FL 32536 USA

CERTIFICATE HOLDER

ACORD

SHOL

AGENCY CUSTOMER ID: 570000099024

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

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Page	_	O I	

AGENCY Aon Risk Services, Inc of Florida		NAMED INSURED Iron Bow Technologies
POLICY NUMBER See Certificate Number: 570107943252		
CARRIER	NAIC CODE	" [10] [12] [15] [16] [16] [16] [16] [16] [16] [16] [16
See Certificate Number: 570107943252		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	-1
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	SUBR POLICY NUMBER WVD	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
В	Cyber Liability - Excess			MTE904678701 Claims Made	09/01/2024	09/01/2025	LIMIT	\$5,000,000
		N 50						