

**CSIO CERTIFICATE OF LIABILITY INSURANCE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Okaloosa County Board of County Commissioners 302N Wilson St. Crestview Florida USA 32536		SmartSimple Software Inc., SmartSimple Software Ireland Limited & SmartSimple Software Ltd. & SmartSimple Software UK Limited 4576 Yonge St., Suite 606 Toronto ON	
	POSTAL CODE		POSTAL CODE M2N 6N4

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
 Operations: Business Process Platform; All Limits are in USD. \*\*\* Additional Insured not applicable to Professional Liability or Non-Owned Auto \*\*\*

**4. COVERAGES**  
 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 requirements, terms or conditions 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 terms, exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Berkley Insurance Company BC05957-2202	2022/01/12	2023/01/12	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000	\$1,000,000
				- EACH OCCURRENCE	\$1,000	\$1,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000	\$1,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$1,000	\$1,000,000
				MEDICAL PAYMENTS		\$50,000
				TENANTS LEGAL LIABILITY	\$1,000	\$1,000,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Berkley Insurance Company BC05957-2202	2022/01/12	2023/01/12	NON OWNED AUTOMOBILE	\$1,000	\$1,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Cyber/Network & Privacy Liab.	Berkley Insurance Company BC05957-2202	2022/01/12	2023/01/12	Claims Made Form	\$50,000	\$1,000,000
	Berkley Insurance #BC05957-2001	2022/01/12	2023/01/12	Claims Made Form	\$50,000	\$1,000,000

**5. CANCELLATION**  
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (but only with respect to the operations of the Named Insured)	
KRGInsure (Kitchener) 515 Riverbend Dr., Unit 102 Kitchener ON POSTAL CODE N2K 3S3		Okaloosa County Board of County Commissioners 302N Wilson St. Crestview Florida USA 32536 POSTAL CODE	
BROKER CLIENT ID: SMART-9			

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER KRGInsure (Kitchener)	AUTHORIZED REPRESENTATIVE Cindy Williams, Commercial Insurance Services	TYPE Phone NO. (519) 744-4481	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Cindy Williams</i>	DATE 2022/05/25	EMAIL ADDRESS cwilliams@krg.com	TYPE NO.