

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2025

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).

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PRO	DUCER	CONTACT NAME: Carolyn Luther										
TOG Insurance Brokerage Group Inc.						PHONE (914) 694-8550 FAX (A/C, No). (914) 694-8552						
d/b/a The Oberman Companies						E-MAIL ADDRESS: cluther@Oberman.com						
800 Westchester Avenue #S-628						INSURER(S) AFFORDING COVERAGE NAIG						
Rye Brook NY 10573						INSURER A: Capitol Specialty Insurance Company					10328	
INSURED						INSURER B:						
Harker Operating LLC						INSURER C:						
36 Long Alley						INSURER D :						
oo Long / woy												
Saratoga Springs NY 12866						INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 25-26 E&O LIABILITY 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 POLICY EFF POLICY EXP												
LTR TYPE OF INSURANCE		INSD	WVD POLICY NUMBER			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	\$		
								MED EXP (Any one p	erson)	\$		
								PERSONAL & ADV IN		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$		
	OTHER:							TROBUGIC COMIT	701 7100	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per		\$		
	OWNED SCHEDULED							BODILY INJURY (Per		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUB	1								-	_	
	EVOTOS LIAD OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							DED	I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT		\$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EI	MPLOYEE	\$		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLI		\$		
	ERRORS AND OMISSIONS LIABILITY							General Aggregat			00,000	
A				SGC0010129-07		02/26/2025	02/26/2026	Each Occurrence	·	\$2,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
	tional Named Insureds:											
	Agent Services Inc. Corporate Services I.I.C.											
3H Corporate Services LLC 3H Tax Filing Services LLC												
3H Venture Partners LLC												
Creative Compliance Software Solutions LLC Evidence of Insurance Only.												
Evidence of modifiance offing.												
	TIEICATE HOLDER			ICELLATION								
CERTIFICATE HOLDER						CANCELLATION						
Evidence of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
								Y PROVISIONS.				
						AUTHORIZED REPRESENTATIVE						
						Davida Odvania						

Additional Named Insureds Other Named Insureds 3H Agent Services Inc. 3H Corporate Services LLC 3H Tax Services LLC 3H Venture Partners LLC Creative Compliance Software Solutions LLC OFAPPINF (02/2007) COPYRIGHT 2007, AMS SERVICES INC