

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/05/2025

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 certif | icate holder in lieu of such | endorsement(s).                                   |                           |         |
|---|------------------------------|---|---------------------------|---------|
| PRODUCER  |                              | CONTACT Cindy Wilson CIC CISR NAME:               |                           |         |
| Brown & Brown Insurance Services, Inc.                |                              | PHONE (A/C, No, Ext): (702) 457-2268              | FAX<br>(A/C, No): (702) 5 | 97-0159 |
| 8337 W Sunset Rd                                      |                              | E-MAIL<br>ADDRESS: Cindy.Wilson@bbrown.com        |                           |         |
| Suite 150   |                              | INSURER(S) AFFORDING COVERAGE                     |                           | NAIC #  |
| Las Vegas   | NV 89113                     | INSURER A: Philadelphia Indemnity Insurance Compa | ny                        | 18058   |
| INSURED   |                              | INSURER B: Technology Insurance Company, Inc.     |                           | 42376   |
| Summerlin South Community Association                 |                              | INSURER C: Continental Casualty Company           |                           |         |
| 2115 Festival Plaza Dr. #220                          |                              | INSURER D:  |                           |         |
|   |                              | INSURER E:  |                           |         |
| Las Vegas   | NV 89135                     | INSURER F:  |                           |         |
| COVERAGES CERTIFICATE                                 | NUMBED: 25-26 Certifica      | tes PEVISION NUM                                  | DED.                      |         |

CERTIFICATE 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<br>LTR |  | TYPE OF INSURANCE                      | ADDL       | SUBR<br>WVD   | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)   | LIMIT  | ·s                       |                  |
|-------------|--|--|------------|---------------|-----------------|----------------------------|------------------------------|--|--------------------------|------------------|
| A           | ×  | COMMERCIAL GENERAL LIABILITY           | INSD       | WVD TODAY NO. | (MINI/DD/1111)  | (MM/DD/1111)               | EACH OCCURRENCE              | \$ 1,000,000                                 |                          |                  |
|             |  | CLAIMS-MADE X OCCUR                    |            |               |                 |                            |                              | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 100,000               |                  |
|             |  |  |            | i             |                 |                            |                              |  | MED EXP (Any one person) | \$ 5,000         |
|             |  |  |            |               | PHPK2660588-018 | 03/08/2025                 | 03/08/2026                   | PERSONAL & ADV INJURY                        | \$ 1,000,000             |                  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                     |  |            |               |                 |                            | GENERAL AGGREGATE            | \$ 2,000,000                                 |                          |                  |
|             | ×  | POLICY PRO-<br>JECT LOC                |            |               |                 |                            |                              | PRODUCTS - COMP/OP AGG                       | \$ 2,000,000             |                  |
|             |  | OTHER:                                 |            |               |                 |                            |                              |  | \$                       |                  |
|             | AUT  | OMOBILE LIABILITY                      |            |               |                 |                            |                              | COMBINED SINGLE LIMIT (Ea accident)          | \$                       |                  |
|             |  | ANY AUTO                               |            |               |                 |                            | BODILY INJURY (Per person)   | \$   |                          |                  |
|             |  | OWNED SCHEDULED AUTOS ONLY AUTOS       |            |               |                 |                            | BODILY INJURY (Per accident) | \$   |                          |                  |
|             |  | HIRED NON-OWNED AUTOS ONLY AUTOS ONLY  |            |               |                 |                            |                              | PROPERTY DAMAGE<br>(Per accident)            | \$                       |                  |
|             |  |  |            |               |                 |                            |                              |  | \$                       |                  |
| А           | X  | UMBRELLA LIAB COCCUR                   |            |               | 03/08/2025      | 03/08/2026                 | EACH OCCURRENCE              | \$ 5,000,000                                 |                          |                  |
|             |  | EXCESS LIAB CLAIMS-MADE                |            |               |                 |                            | PHUB902304-018               | AGGREGATE                                    | \$ 5,000,000             |                  |
|             |  | DED RETENTION \$ 10,000                |            |               |                 |                            |                              |  | \$                       |                  |
| В           |  | KERS COMPENSATION EMPLOYERS' LIABILITY |            | TWC/567152    |                 |                            | PER OTH-<br>STATUTE ER       |  |                          |                  |
|             | ANY  | ANY PROPRIETOR/PARTNER/EXECUTIVE       | N/A        |               | TWC4567152      | 03/08/2025                 | 03/08/2026                   | E.L. EACH ACCIDENT                           | \$ 1,000,000             |                  |
|             | (Mandatory in NH)                                      |  | N/A        | 17704307132   | 03/00/2023      | 03/00/2020                 | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000                                 |                          |                  |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below |  |            |               |                 |                            | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000                                 |                          |                  |
| С           | Directors & Officers Crime                             |  | cers Crime |               |                 | _                          |                              | 1,000,000                                    | \$10,000 per clm         |                  |
|             | Directors & Officers Crime                             | onine Onne                             | Oline      |               |                 | 0250525943                 | 03/08/2025                   | 03/08/2026                                   | 4,000,000                | \$25,000 per clm |
|             |  |  |            |               |                 |                            |                              |  |                          |                  |

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

Evidence of Insurance Only - Common Area Only - Subject to policy terms, conditions, limitations and exclusions. Policy is subject to association CC&Rs and Nevada State Statutes. Subject to all policy terms, conditions, limitations, and exclusions.

| CERTIFICATE HOLDER  |            | CANCELLATION   |  |  |
|---|------------|--|--|--|
| Summerlin South c/o Summerlin Community A: 2115 Festival Plaza Dr. #220 | ssociation | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |
| 2110 1 63tival 1 laza DI. #220  |            | AUTHORIZED REPRESENTATIVE  |  |  |
| Las Vegas   | NV 89135   | Qs Let   |  |  |