CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2022

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:	
Millennial Specialty Insurance LLC dba Founder Shield 122 W 26th Street, 2nd Floor New York, New York, 10001	PHONE (A/C No. Ext): 646-854-1058	FAX (A/C No):
	E-MAIL ADDRESS: coi@foundershield.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Pacific Insurance Company, Limited	10046
INSURED	INSURER B : Hartford Fire Insurance Co	19682
GoShare Inc. 600 W Broadway, Suite 700 San Diego, California, 92101	INSURER C : Great American E & S Ins Co	37532
	INSURER D : Argonaut Insurance Co	19801
	INSURER E : Scottsdale Insurance Co	41297
	INSURER F : Underwriters at Lloyd's London (Scale)	AA-1122000

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	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC ☐ OTHER	☐	☐	57YR3OH8109	11/07/2021	11/07/2022	EACH OCCURRENCE	$1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000.00
							MED EXP (Any one person)	$5,000.00
							PERSONAL & ADV INJURY	$1,000,000.00
							GENERAL AGGREGATE	$2,000,000.00
							PRODUCTS - COMP/OP AGG	$2,000,000.00
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED ☑ HIRED AUTOS ONLY ☑ NON-OWNED AUTOS ONLY	☐	☐	57YR3OH8109	11/07/2021	11/07/2022	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000.00
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE	☐	☐				Each occurence	
							Aggregate	
B	WORKERS COMPENSATION AND EMPLOYERS` LIABILITY ANYP ROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	☐	10WECAB3NF0	03/28/2022	03/28/2023	☑ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDEN	$1,000,000.00
							E.L. DISEASE - EA EMPLOYEE	$1,000,000.00
							E.L. DISEASE - POLICY LIMIT	$1,000,000.00
C	Surety Bond	☐	☐	E382751	06/06/2021	06/05/2022	$ 0 per occ $10,000 in agg	
D	Inland Marine	☐	☐	ASLU0005640-LGM-00	07/11/2021	07/11/2022	$ 40,000 per occ $40,000 in agg	
E	Directors & Officers,Employment Practices Liability Insurance	☐	☐	EKS3413747	12/18/2021	12/18/2022	$ 1,000,000 per occ $1,000,000 in agg	

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

CERTIFICATE HOLDER

Evidence Only

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

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ADDITIONAL REMARKS SCHEDULE

Intermediary	**Insured**
Policy Number	
Insurer	**Effective Date**

ADDITIONAL REMARKS

This Additional Remarks form is a schedule to ACORD form,

Form Number:						**Form Title GoShare Inc - Evidence Only COI**	
INSR LTR	**TYPE OF INSURANCE**	**ADDL INSD**	**SUBR WVD**	**POLICY NUMBER**	**POLICY EFF (MM/DD/YYYY)**	**POLICY EXP (MM/DD/YYYY)**	**LIMITS**
F	**Contract Frustration Insurance**	☐	☐	**B1115S210021/CP211**	**12/18/2021**	**12/18/2022**	**$ 0 per occ $1,000,000 in agg**
	Cyber Liability,Media Liability,Errors & Omissions	☐	☐	**MPL5010993.21**	**12/18/2021**	**12/18/2022**	**$ 1,000,000 per occ $1,000,000 in agg**
	Surety Bond	☐	☐	**E381301**	**03/12/2022**	**03/11/2023**	**$ 0 per occ $15,000 in agg**
	Surety Bond	☐	☐	**10088672**	**03/08/2022**	**03/07/2023**	**$ 0 per occ $75,000 in agg**
		☐	☐				
		☐	☐				

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