



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2024

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 Millennial Specialty Insurance LLC dba Founder Shield 4211 West Boy Scout Blvd, Suite 800 Tampa, Florida, 33607	CONTACT NAME:	
	PHONE (A/C No. Ext): 646-854-1058	FAX (A/C No):
	E-MAIL ADDRESS: coi@foundershield.com	
INSURED GoShare Inc. 11440 West Bernardo Court, STE 300 San Diego, California, 92127	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Pacific Insurance Company, Limited	NAIC # 10046
	INSURER B : Chubb National Ins Co	10052
	INSURER C : Great American E & S Ins Co	37532
	INSURER D : Underwriters at Lloyd's London (Scale)	AA-1122000
	INSURER E : Scottsdale Insurance Co	41297
	INSURER F : Underwriters at Lloyd's London (Hiscox)	15792

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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			57YR3OH8109	12/18/2023	12/18/2024	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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			57YR3OH8109	12/18/2023	12/18/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						Each occurrence	
							Aggregate	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		71R11606	03/28/2024	03/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	06/05/2023	06/05/2024	\$ 0 per occ \$10,000 in agg	
D	Contract Frustration Insurance			B1115S230021/CP216	12/18/2023	12/18/2024	\$ 0 per occ \$1,000,000 in agg	
E	Directors & Officers, Employment Practices Liability Insurance			EKS3506426	12/18/2023	12/18/2024	\$ 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**CANCELLATION**

Evidence Only	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

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 4/1/24	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	Cyber Liability,Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>	MPL5010993.23	12/18/2023	12/18/2024	\$ 1,000,000 per occ \$1,000,000 in agg
	Inland Marine	<input type="checkbox"/>	<input type="checkbox"/>	IM00YU524	02/01/2024	02/01/2025	\$ 100,000 per occ \$100,000 in agg
	Surety Bond	<input type="checkbox"/>	<input type="checkbox"/>	10088672	03/07/2024	03/07/2025	\$ 0 per occ \$75,000 in agg
	Surety Bond	<input type="checkbox"/>	<input type="checkbox"/>	E381301	03/11/2024	03/11/2025	\$ 0 per occ \$15,000 in agg
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				