

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/19/2025

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT NAME:						
Arthur J. Gallagher Risk Management Services, LLC 300 Madison Ave 28th Floor						FAV				212-994-7047		
New York NY 10017					E-MAIL ADDRESS:							
146W TOTAL TOOT?						INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: American Guarantee and Liability Ins Co						26247	
INSURED CROWHOL-08						INSURER B: Zurich American Insurance Company						
Cro	owdStrike, Inc.				INSURER 6: American Zurich Insurance Company INSURER C: American Zurich Insurance Company						16535 40142	
	0 Mathilda Place, Suite#300 nnyvale, CA 94086	INSURER D:						10112				
Ou	mily vale, 6/1 54000				INSURER E :							
		INSURER F:										
CO	VERAGES CER	TIFIC	CATE	NUMBER: 1190883638	INOUNE	KI.		REVISION NUM	/IBFR:			
TI IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	OF I	NSUF REMEI	RANCE LISTED BELOW HANT, TERM OR CONDITION	OF ANY	CONTRACT	THE INSURE OR OTHER I	DOCUMENT WITH	E FOR TH	T TO V	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH							TILINEIN IO OOI	DOLOT TO	, ,,, 1	TIE TERMO,	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY	Υ	N	GLA 9706748-01		9/15/2024	9/15/2025	EACH OCCURRENC	CE	\$1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000	,000	
								MED EXP (Any one person)		\$ 25,00	0	
								PERSONAL & ADV INJURY		\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2		\$2,000	,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$2,000		,000		
	OTHER:									\$		
В	AUTOMOBILE LIABILITY	N	N	GLA 9706748-01		9/15/2024	9/15/2025	COMBINED SINGLE (Ea accident)	LIMIT	\$1,000	,000	
	X ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		\$		
								COMP/COLL:		\$1,000		
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			N	AUC 973662801		9/15/2024	9/15/2025	EACH OCCURRENCE \$ 10,0		\$ 10,00	0,000	
								AGGREGATE	\$ 10,00		0,000	
	DED X RETENTION \$ 0							1050		\$		
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y	WC 9706753-01		9/15/2024	9/15/2025	X PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDENT \$1		\$ 1,000	,000	
								E.L. DISEASE - EA EMPLOYEE		\$ 1,000	,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$1,000	,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
Gei	nesee County, MI is included as an addi	tiona	l insu	red under a blanket endors	sement	on the Comm	ercial Genera	al Liability policy.				
	•							,, ,				
CERTIFICATE HOLDER CANCE							CANCELLATION					
Genesee County, MI Attn: Risk Management Department					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	1101 Beach Street, 3rd Flo	AUTHORIZED REPRESENTATIVE										

Flint MI 48502



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/12/2024

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	is certificate does not confer rights							require an endorsement. A	A statement on	
PRODUCER						CONTACT NAME: Judtih Luu				
Arthur J. Gallagher Risk Management Services, LLC						PHONE FAX				
	0 N. Brand Boulevard ite 100				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: CertRequests@ajg.com					
	endale CA 91203				1					
						NAIC #				
INCI	JRED			License#: 0D69293 CROWHOL-01	INSURE	26247				
	owdStrike, Inc.						merican insu	rance Company	16535	
_	0 Mathilda Place				INSURE					
	ite 300 nnyvale CA 94086				INSURE					
Ou	Tilly vale OA 34000				INSURE					
	V=D 1 0 = 0				INSURER F:					
	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 156208530	/C DEE	N ICCUED TO		REVISION NUMBER:	DOLICY DEDICE	
	IDICATED. NOTWITHSTANDING ANY R									
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT TO A		
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			GLA9706748-01		9/15/2024	9/15/2025	EACH OCCURRENCE \$1 DAMAGE TO RENTED	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$1	1,000,000	
								MED EXP (Any one person) \$2	25,000	
								PERSONAL & ADV INJURY \$1	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$2	2,000,000	
	OTHER:							\$		
В	AUTOMOBILE LIABILITY			GLA 9706748-01		9/15/2024	9/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED						BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
								1,000		
Α	X UMBRELLA LIAB X OCCUR			AUC 9736628-001		9/15/2024	9/15/2025	EACH OCCURRENCE \$1	10,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$1	10,000,000		
DED X RETENTION \$ 0								\$		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				WC 9706753-01	9/15/2024	9/15/2025	X PER OTH- STATUTE ER			
									1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$ 1	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below									1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)		
Fvi	dence of Insurance									
CERTIFICATE HOLDER 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.					
	Evidence of Insurance				AUTHORIZED REPRESENTATIVE					
			^							
					10) 01101 M					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/09/2024

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	SUBROGATION IS WAIVED, Subject his certificate does not confer rights t				•	•	,	equire an endorsement	. A Sta	atement on	
PRODUCER						CONTACT NAME:					
	MARSH USA, LLC. 166 Avenue of the Americas				PHONE FAX						
1	lew York, NY 10036				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
Attn: NewYork.Certs@marsh.com						INSURER(S) AFFORDING COVERAGE					
	116148609Cyber-24-25				INSURE	RA: AIG Specia	alty Insurance Co	mpany		26883	
INSU	IRED CrowdStrike Inc.				INSURER B:						
1	50 Mathilda PI Ste 300				INSURER C:						
	Sunnyvale, CA 94086-6012				INSURER D:						
					INSURER E :						
						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:	NYC-(011652338-09		REVISION NUMBER: 3			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
<u>- </u>	COMMERCIAL GENERAL LIABILITY	חפאוו	WVD	I GLIGI NUMBER		(1111)	(1111) (1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	GEA MINISTER COOCIN							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							PRODUCTS - COMP/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB							EAGU GOOURDENOS			
	EVOCALIAR OCCUR							EACH OCCURRENCE	\$		
	CLAIWS-WADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N										
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
<u> </u>	DÉSCRIPTION OF OPERATIONS below					07/45/0004	07/45/0005	E.L. DISEASE - POLICY LIMIT	\$	10,000,000	
A	Cyber / Privacy Liability			01-416-84-35		07/15/2024	07/15/2025	LIMIT		10,000,000	
	E&O							SIR		1,000,000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Coverage Only											
<u></u>											
CE	RTIFICATE HOLDER		1	CANCELLATION							
CrowdStrike, Inc. 150 Mathilda Place, Suite 300 Sunnyvale, CA 94086						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									
1								Marsh USA	111	2	

ACORD CERTIFIC	ATE OF LIAE	OII ITV ING	CUDANCE		DATE (MM/DD/YY)					
ACORD™ CERTIFIC	ATE OF LIAE	BILITY INC	BURANCE		07/08/2024					
PRODUCER AON RISK SERVICES NORTHEAST, II	NC.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR								
1600 Summer Street 6 [™] Floor Stamford, CT 06905-4907			ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
Starmord, CT 00303-4307			COMPANIES AFFORDING COVERAGE							
PHONE (203) 326-7530 FAX (203) 3	26-7510		COMPANY A XL Specialty Insurance Company							
INSURED			COMPANY							
Crowdstrike Holdings, Inc. 150 Mathilda Place			COMPANY							
Suite 300 Sunnyvale, CA 94086 USA			COMPANY							
Juliny Vale, OA 34000 USA			COMPANY							
COVERAGES										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURA REQUIREMENT, TERM OR CONDITION OF ANY CON THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	TRACT OR OTHER DOCUMENT	T WITH RESPECT TO V S AND CONDITIONS O	VHICH THIS CERTIFICATE MAY B F SUCH POLICIES, LIMITS SHOW!	E ISSUED OR MAY PERTAIN.	THE INSURANCE AFFORDED BY					
CO TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIREATION DATE (MM/DD/YY)		LIMIT					
GENERAL LIABILITY				GENERAL AGGREGATE	\$					
COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$					
CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$					
				EACH OCCURRENCE FIRE DAMAGE	\$					
				(Any one person) MED EXPERIENCE	\$					
				(Any one person) HIRED & NON OWNED LIABILITY	\$					
				DEDUCTIBLE	\$					
	_			(Per Occurrence)	Ψ					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$					
ANY AUTO				BODILY INJURY	\$					
ALL OWNED AUTOS				(PER PERSON) BODILY INJURY	\$					
SCHEDULED AUTOS				(PER ACCIDENT) PROPERTY DAMAGE	\$					
HIRED AUTOS										
NON-OWNED AUTOS										
GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$					
ANY AUTO				OTHER THAN AUTO ONLY						
ANTAGIO				EACH ACCIDENT	\$					
				AGGREGATE	\$					
UMBRELLA LIABILITY				EACH OCCURRENCE	\$					
UMBRELLA FORM				AGGREGATE	\$					
OTHER THAN UMBRELLA FORM										
WORKERS CO MPENSATION AND EMPLOYER'S LIABILITY				WC STATU- TORY LIMIT [] OTH						
				EL EACH ACCIDENT	\$					
THE PROPRIETOR/ PARTNERS/EXECUTIVE				EL DISEASE-POLICY LIMIT	\$					
OFFICERS ARE: INCL				EL DISEASE-EA EMPLOYEE	\$					
EXCL										
A OTHER: CRIME	ELU197549-24	06/12/2024	06/12/2025	EACH OCCURRENCE	\$1,000,000					
				AGGREGATE	\$1,000,000					
				PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$1,000,000					
SPECIAL CONDITIONS / OTHER COVERAGES: Evidence of Coverage Only.										
CERTIFICATE HOLDER			CANCELLATION							
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE							
Evidence of Insurance			THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WITHIN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.							

Aon Risk Services

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ACORD 25-S (1/95)