



CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS		
Genesee County			Front Desk Queue Management Systems Inc.		
Atn: Risk Management			3001 - 1 ADELAIDE ST E		
1101 Beach Street					
Flint	MI	POSTAL CODE 48502	Toronto	ON	POSTAL CODE M5C 2V9

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Insured's Business Operation: Software Developers (Pre-Packaged)

4. COVERAGES
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 requirements, terms or conditions 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 terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/>	Northbridge Insurance P04043745	2024/09/06	2025/09/06	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000
				- EACH OCCURRENCE	1,000	2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000
				MEDICAL PAYMENTS		25,000
				TENANTS LEGAL LIABILITY		500,000
				POLLUTION LIABILITY EXTENSION		
				Employer's Liability		included
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Northbridge Insurance P04043745	2024/09/06	2025/09/06	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES	1,000	2,000,000 75,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>	Northbridge Insurance P04043745	2024/09/06	2025/09/06	EACH OCCURRENCE	10,000	3,000,000
				AGGREGATE		3,000,000
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cyber Policy <input type="checkbox"/>	CFC Underwriting Ltd. ESN0040071741	2024/09/06	2025/09/06	Aggregate Limit		4,000,000

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)
KASE Insurance Inc.	Genesee County
130 Queens Quay East	Atn: Risk Management
Toronto ON POSTAL CODE M5A 0P6	1101 Beach Street
BROKER CLIENT ID:	Flint MI POSTAL CODE 48502

8. CERTIFICATE AUTHORIZATION					
ISSUER KASE Insurance Inc.		CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE Aneeza Ahmad C.A.I.B., CIP Marketing Manager		TYPE Phone	NO. 416-588-5273	TYPE	NO.
		TYPE Fax	NO. 647-430-7535	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Aneeza Ahmad</i>		DATE 2025/02/06		EMAIL ADDRESS certificates@kaseinsurance.com	