

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10.13.2021

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 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).										
Sela Group LLC					CONTACT NAME: Tamir Zuckerman					
1636 Dover Rd,					PHONE (A/C, No, Ext): 620-757-0785 FAX (A/C, No):					
Emporia KS, 66801					ADDRESS: Tamir@sela-group.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: Crum & Forster Specialty Insurance Company 44520					
INSURED					INSURER B:					
AmplioSpeech, Ltd.					INSURER C:					
6110 Executive Blvd. Suite 208					INSURER D:					
Rockville, MD 20852					INSURER E :					
					INSURER F:					
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.									WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY								EACH OCCURRENCE \$ DAMAGE TO RENTED		
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR								PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$		
	CEANVIS-IVIADE COCOIX							PERSONAL & ADV INJURY \$		
								GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY							(Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
	HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB OCCUR									
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION\$							\$		
WORKERS COMPENSATION								WC STATU- OTH-		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  N								E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
A	Tech E&O / Cyber Liability Coverage Part			TEO-3015540-00	0	04.12.2021	04.12.2022	Each Claim limit- \$3,000,000 Aggregate limit- \$3,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
Proof of coverage					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					
					Tamir Zuckerman, CEO					