



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

September 14, 2021

Amazon.com Services LLC
and its affiliates and assignees
410 TERRY AVE N
SEATTLE WA 98109

Account Information:

| | |
|--------------------------------|--------------|
| Policy Holder Details : | IQ Bar, Inc. |
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Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (866) 467-8730

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2021

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).

| | | |
|--|--|--|
| PRODUCER APPLETREE INSURANCE/PHS 04041275 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251 | CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): | |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC# | |
| INSURED IQ Bar, Inc. 156 IVY ST BROOKLINE MA 02446-3907 | INSURER A : Twin City Fire Insurance Company 29459 | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YY) | LIMITS |
|----------|--|------------------------------|----------|---------------|-------------------------|-------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY | | | 04 SBA AE0544 | 04/28/2021 | 04/28/2022 | EACH OCCURRENCE \$1,000,000 |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 |
| | <input checked="" type="checkbox"/> General Liability | | | | | | MED EXP (Any one person) \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$2,000,000 |
| | POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000 |
| | OTHER: | | | | | | |
| A | AUTOMOBILE LIABILITY | | | 04 SBA AE0544 | 04/28/2021 | 04/28/2022 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) |
| | ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> | | | | | | BODILY INJURY (Per accident) |
| | HIRED AUTOS <input checked="" type="checkbox"/> | | | | | | PROPERTY DAMAGE (Per accident) |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB | | | 04 SBA AE0544 | 04/28/2021 | 04/28/2022 | EACH OCCURRENCE \$5,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | AGGREGATE \$5,000,000 |
| | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 04 SBA AE0544 | 04/28/2021 | 04/28/2022 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | | | | E.L. EACH ACCIDENT |
| | | | | | | | E.L. DISEASE -EA EMPLOYEE |
| | | | | | | | E.L. DISEASE - POLICY LIMIT |
| A | EMPLOYMENT PRACTICES LIABILITY | | | 04 SBA AE0544 | 04/28/2021 | 04/28/2022 | Each Claim Limit \$10,000 Aggregate Limit \$10,000 |

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Amazon.com Services LLC
and its affiliates and assignees
410 TERRY AVE N
SEATTLE WA 98109

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

Susan L. Castaneda

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